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OCTOBER 18 1975 THE NEWSWEEKLY FOR PHARMACY

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# Chemist & Druggist

The newsweekly for pharmacy

18 October 1975 Vol 204 No 4986

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# Comment

## Other voices

What Mrs Barbara Castle has to say about pharmacy may not always be to the profession's liking, but there can be no denying that she has said more about pharmacists, their problems and their potential in the past month than some Secretaries of State in a whole tenure of office.

Last week's contribution, delivered at the annual meeting of the Society of Family Practitioner Committees (pp 524 and 541), may seem music to the profession's ears, since Mrs Castle was calling on the medical practitioner "not to be too proud" to ask for the help of the pharmacist in formulating his views on drug developments, and in evaluating what representatives have to say. But that plea may also be taken as a natural corollary to the Secretary of State's address to the Norwich BP conference, when she suggested pharmacists might have to move into health centres to gain greater professional recognition. Once inside, it would be essential that the doctor should seek the advice now more readily accessible.

However, while Mrs Castle was busy enticing the pharmacist away from the community, others at the FPCs conference were taking the opposite line. Without a single dissenting voice, the meeting called for legislation to control NHS dispensing contracts in order to preserve pharmaceutical services from the consequences of health centres and group practices. And, most encouraging, it was the non-pharmaceutical voices—including those of individual doctors—that were loudest in demanding support for the pharmacist in the community.

All those in the profession who share the Pharmaceutical Society president's view (which includes *C&D*) that pharmacists have "an enormous contribution outside the field of mere dispensing of medicines" will hope Mrs Castle takes heed of the FPC's decisions.

## Counterbalance

It is premature to write an obituary for Counterbalance, the association of chemist contractors, but unless support is immediately forthcoming, the organisation must go under, the chairman, Mr J. Williams, warns this week (p 525). Nevertheless, the committee is not giving up without a struggle and even now is announcing plans for future action to follow up any failure of central negotiators over the Evesham health centre.

The association's founders have yet to see their initial proposals for a unifying body become reality, and they will never know whether failure—if that be their fate—has resulted from their own success in acting as a stimulus to activity by existing representative groups.

*C&D* has from the start questioned the need for a further representative body, believing that the machinery is there but has often been underused.



# Mrs Castle has more to say on pharmacy

Mrs Barbara Castle, Secretary for Social Services, has welcomed the voluntary standstill on rural dispensing (last week p484) as "an important first step towards a permanent solution."

Addressing the annual meeting of the Society of Family Practitioner Committees last week, she saw it as an example of medical and pharmaceutical co-operation and put forward a suggestion for further joint activity.

Emphasising to family practitioner committee representatives the need for all the health professions to work together to make the best use of scarce resources, she said: "This is the kind of pragmatic co-operation we need more of throughout the NHS in the coming years." She begged FPCs and area health authorities to give every help to the local joint committees being set up by doctors and pharmacists.

## Help to doctors

Mrs Castle put in another good word for pharmacists when explaining how an understanding between different but related professions could be beneficial: "One of the most formidable problems facing the family doctor is that of evaluating the tons of literature which arrives on his door mat about medicines . . . The expertise of the pharmacist with his specialised area of knowledge can be of great potential help to the doctor in helping him form his views on new developments and evaluate what representatives say to him."

"Am I wrong in thinking that the doctors who get to know their pharmacists personally come to appreciate more readily the help and advice they can give them?"

Mrs Castle went on to say, she was particularly anxious to prevent pharmaceutical costs from rising unduly and to secure better value from expenditure on drugs. Additions to the list of appliances available through the general practitioner services would have to give way to items of higher priority. Much more emphasis would be placed on helping those regions with the heaviest burdens, she continued, and health centres would be allocated to the most deserving districts.

## Private sector

On private practice, Mrs Castle said the Government's policy was merely to separate but not abolish it: "We are not reducing the size of the private sector but simply saying that it should not grow beyond what it was in March 1974 so it does not adversely affect the NHS."

While doubting whether an independent inquiry into the NHS would reveal new sources of money, Mrs Castle was still open-minded about an inquiry into its general priorities but needed more time for

consideration. However, a detailed consultative document would be published soon giving a broad indication of the resources likely to be available and the priorities to which attention should be given (see also p541).

The previous day Mrs Castle had invited doctors to an unrestricted discussion of her consultative document on private patients.

## Tories pledged to reverse Labour's pay bed' policy

Speakers at the Conservative Party conference in Blackpool last week warned that the party would fight the Labour Government over the policy of abolishing private beds in NHS hospitals. Mrs Margaret Thatcher, leader of the Conservatives, pledged that if returned to power they would reverse Mrs Castle's "stupid and spiteful" attack on hospital pay beds.

Other speakers called for more assistance for the self-employed and small businessman, and Mr Michael Heseltine, Conservative shadow spokesman on industry, said a team was working on a Conservative programme to bring that about. A resolution calling for reform of the rating system was carried by a large majority.

## Private practice letter sent

The Council of the Pharmaceutical Society's suggestion that an independent body, such as a Royal Commission, should consider the matters raised by the Government's consultative document on separation of private practice from NHS hospitals, has now gone to the Secretary of State. The letter, signed by Mr D. F. Lewis, secretary and registrar, is in line with the Practice Committee's views as set out in the Council report (*C&D*, October 11, p510).

## Evesham: deputation told 'no final decision yet'

The deputation from the Pharmaceutical Society and Central NHS (Chemist Contractors) Committee (*C&D*, September 22, p413) met the Hereford and Worcester Area Health Authority last week on a question of dispensing at the new health centre at Evesham—and was told that no final decision had yet been made. However the subcommittee responsible for the health centre development was due to discuss the problem at a meeting on Tuesday, and in due course make recommendations to the AHA.

The deputation, made clear at the meeting the seriousness with which the pro-

fession viewed the situation—which, it will be recalled, involves making provision for doctors to dispense from the new centre, although they do not do so at present and there are three pharmacies nearby. The AHA representatives made it clear that the AHA had inherited a decision taken prior to the NHS reorganisation, and they were in no way responsible for it. There had been a breakdown in consultation with the pharmaceutical profession in the past, but an assurance was given that such a fault would not occur in future. The deputation was assured that, in any decision about the Evesham health centre, the interests of the general public would be regarded as paramount.

## Department take-over bid for BNF?

The Department of Health is suggesting that its pharmaceutical staff should prepare the British National Formulary, instead of the Joint Formulary Committee.

The British Medical Association's Council is expected to oppose this move, saying that doctors would prefer the publication to remain independent. The Pharmaceutical Society has also received the Department's proposal and the president, Mr J. P. Bannerman, told *C&D* this week that discussions were being held with the BMA about it. He felt the BNF enjoyed its success because it was a joint publication and the Society would fight to keep it that way.

## Co-op advertising talks

Talks on the use of restricted titles in advertising were held at the Pharmaceutical Society's house on Tuesday, between members of the Society's legal department and Mr A. Long, secretary of the Association of Superintendent Pharmacists.

There was an exchange of views on the problem of national advertising by the Co-operative movement after which both sides agreed to meet for further talks.



London retail pharmacist, Mr S. Hutchinson and hospital pharmacist Miss Mair Morgan of Glamorgan, were winners of Unichem golf trophies at separate tournaments held on the same day recently. Mr Hutchinson, received the Unichem trophy after the South London and Surrey Pharmacists Golfing Society's tournament at Shirley Park Golf Club, for finishing most consistently in the top ten at five of its meetings throughout the year. Miss Morgan, pictured here, is presented the Unichem Challenge Cup by Mr R. Sargent



# Counterbalance fights for survival

Counterbalance is endeavouring to give "leadership by example," Mr J. Williams, chairman, told Cheshire ACCC last week—but in a letter to *C&D* (p549) he warns that the association will have to be wound up unless more support is forthcoming from contractors.

Mr Williams, who shared the platform with representatives of the Central NHS Committee and ASTMS, suggested it did not matter who negotiated for contractors so long as they could be sure of the membership's backing—an assurance which Counterbalance could provide. Despite the fact that NHS dispensing was now over half the average pharmacy's turnover, contractors did not have the contact with the national organisation provided by the Society and NPU in other areas. United nationally, said Mr Williams, Counterbalance would become the equivalent of the British Medical Association—a British Pharmacies Association to promote and protect pharmacy's public as well as its professional image.

Giving examples of "leadership by example," he said that in the wake of Evesham a letter had been drafted to Community Health Councils drawing attention to the effects of pharmacy closures and seeking reaction to a planned pharmaceutical service. Members of Parliament were next on the list, and ultimately it was planned to provide every contractor with a petition for customers and patients to sign "to preserve and protect the service they get at present". The NPU's half-million VAT signatures would, said Mr Williams, "pale into insignificance" compared with those that could be collected from patients "threatened with the loss of their own individual community pharmacy".

## Pharmacists on NHS training council

A National Training Council has been established for the National Health Service and will hold its first meeting later this month.

The Council has been appointed by the Secretaries of State for Social Services and for Wales to advise them on the general strategy, development and co-ordination of training for the NHS and on training needs common to different staff groups.

The Council will work closely with the national staff committees and aims to take full account of the responsibilities of the statutory and professional bodies concerned with the education and training of certain staff groups. The establishment of the Council forms part of plans for providing the NHS with comprehensive central advisory machinery in the fields

of training, recruitment and staff development.

The chairman is Mr D. A. Perris, chairman, West Midlands Regional Health Authority. The 22 members include Mr C. C. Stevens, a member of the Society's Council, and Mr C. H. Preston Robinson, lately group pharmaceutical officer, Kings Mill Hospital, Sutton in Ashfield, Notts. Five further members have yet to be appointed including two from Wales.

## New contract action

Work on re-drafting the NHS contract to take account of the views expressed at the conference of Area Chemist Contractors Committees on September 21 is starting at Mallinson House, according to the latest issue of *Action*, published by the Central NHS Committee. When complete, ACCCs will be asked to study the proposals and if necessary there will be a further conference before they are put to the Department of Health.

## More regulation to come on marking of quantities?

The Department of Prices and Consumer Protection is trying to solve problems about quantity declarations on a number of items, including toilet preparations, kitchen paper rolls and tissues and the marking of quantity on aerosol containers.

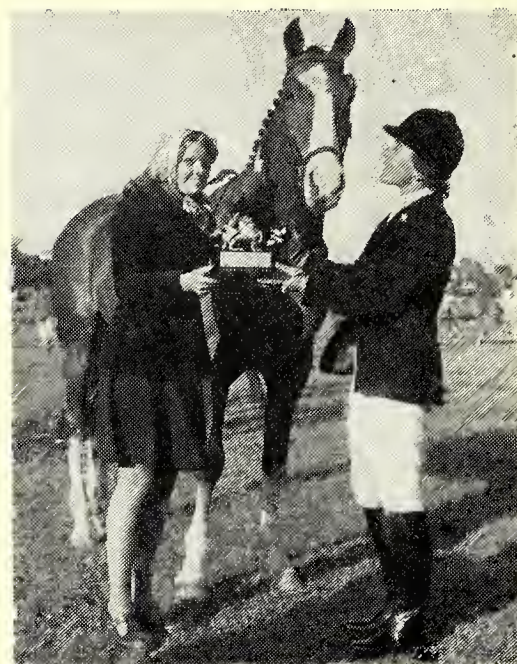
This was revealed in a report, published recently, on the Weights and Measures Act by the Secretaries of State for Prices and Consumer Protection and Industry, (HM Stationery Office, House of Commons paper 619, £0.50). According to the report, some of the problems are unlikely to be solved while the UK law remains based on a pattern of control at the point of retail sale.

Although discussions with aerosol manufacturers are thought to be at an advanced stage, a spokesman for the Consumer Protection Department told *C&D* it was "highly unlikely" that there would be legislation on any of these items listed before the end of the year.

## OFT 'bargain offer' proposal criticised by sales experts

Some of the proposals in the Office of Fair Trading's consultative document "Bargain Offer Claims" could, if implemented, deprive the consumer of price benefits instead of protecting him against unfair trading.

This was the feeling of a meeting last week arranged by the Sales Promotion Executives Association to discuss the document with two OFT members.



Mrs E. Wood is presented the Radiol Trophy for the dressage championship held recently at Stoneleigh by Veronica Forsey, daughter of a director of Radiol Chemicals Ltd. Mrs Wood riding Okeden Yeoman gained 192 points, winning by a ten-point margin

Particular criticism was directed at a suggestion that flash offers should be supported by point of sale material. The idea, which has also been criticised by the National Pharmaceutical Union (*C&D*, October, p 444), was opposed by the audience as being costly and completely impractical. Certain forms of wording suggested by the document were also criticised as substituting one type of jargon for another.

## Unnecessary duplication of drug testing

A voluntary drug testing scheme proposed by the West Midlands County Council is an unnecessary duplication says the NPU and the Central NHS (Chemist Contractors) Committee. They point out no contractor can be compelled to comply and refer to the testing already being carried out by the Food and Drugs inspectors and the inspectorate of the Pharmaceutical Society.

## Four-day Christmas week

The Union of Shop, Distributive and Allied Workers has made a call for a four-day Christmas break this year.

A request has gone out from the union to national retail employers' organisations calling for traders to close down on Saturday December 27 as well as Christmas day and Boxing Day. Together with the Sunday, this would mean a four-day break. Approaches to individual employers who have collective agreements with USDAW has already led to several deciding to stay closed on the Saturday, says the Union. □ The volume of investment in distributive and service industries during 1975 estimated at £1,730 m at 1970 prices—is about 12 per cent below last year's figure of £1,959 m, according to the Department of Industry. The Department expect a further, but smaller, reduction in 1976.



# Congratulations pour in for Irish Society's centenary

The Pharmaceutical Society of Ireland has received congratulations on its centenary from pharmaceutical associations and individuals from many countries, including as far away as Japan. At the PSI Centenary Congress at the Burlington Hotel, Dublin, on Monday, Dr Winters, president FIP, expressed his organisation's good wishes. Mr J. P. Bannerman, president of the British Society, presented to Dr W. E. Boles, president PSI, a pair of early 19th century engravings of Dublin on behalf of the Society, and Mr D. Lewis, secretary and registrar, presented an engraved crystal glass goblet, a personal gift from Mr J. C. Bloomfield. The PSI has also received a silver tray and set of 12 Tyrone crystal glasses from the Pharmaceutical Society of Northern Ireland and a model of a Viking ship from Norway.

The PSI was on Thursday to confer honorary fellowships upon Mr Bannerman, Mrs C. B. A. Watson (president PSNI) and the provosts of Trinity and University Colleges, Dublin.

## No change on Irish Council

The following have been re-elected to the Council of the Pharmaceutical Society of Ireland (voting figures in parenthesis): Mr J. P. O'Donnell (544); Mr R. J. Power (536); Mr T. R. Miller (519); Mr J. P. Hillery (516); Mr T. P. Guckian (502); Mr T. McGuinn (494); Mr P. M. Browne (451).

The two new candidates were unsuccessful—Dr P. Deasy receiving 446 votes and Mr Crowley 382. Of 1,332 voting papers issued, 667 were returned of which five were spoiled.

## WHO guidelines on drug policies

Suggestions about how national drug policies can be devised are given in an article in the World Health Organisation's *Chronicle* for September. The article, which is based on a report submitted to the recent 28th World Health Assembly (*C&D*, June 28, p 853) where drug industry practices were criticised, stresses the need for a comprehensive approach to the whole drug sector through national policies linking drug, health and economic priorities.

On drug distribution in developing countries, the article states that retailing in both the public and private sectors, particularly in rural areas, poses problems, and it may be impractical to set up pharmacies in such areas. The article comments that the establishment of rural medical depots carrying a range of basic medicines, directly attached to dispensaries and run by health personnel responsible

for the areas seem to offer the best solution in remote areas.

□ A supplement to last month's *Chronicle* includes a new list of 82 proposed international nonproprietary names for pharmaceutical substances together with amendments to previous lists.

## Beecham director writes in OFT series

Beecham Products carried out over 450 market research studies of various kinds in 1974, according to Mr Ronald Halstead, managing director, consumer products, Beecham Group Ltd.

Interviewers had spoken to at least 100,000 consumers about the company's brands, he writes in the first of a series of six supplements, on "Marketing and the consumer" being published bi-monthly in *Marketing*, the journal of the Institute of Marketing. The series, sponsored by the Office of Fair Trading and the Institute, is designed to explain to industry, commerce and consumer advisers the evolving relationships between suppliers and their customers. Other contributors to the first supplement include Eirlys Roberts, deputy director of the Consumers' Association and John Turtle, BBC consumer affairs expert.

## UK seventh in top twenty pharmaceutical sales

Of the world-wide pharmaceutical sales totalling \$40 billion in 1975, the UK market is the seventh largest according to an IMS International survey. The US is the undisputed leader followed by Japan and West Germany. The survey—World Drug Market Manual, 1975-76 gives the following "Top Twenty Pharmaceutical Markets" (excluding Communist countries); the totals are quoted in \$m: 1 US 6,500, 2 Japan 4,750, 3 West Germany 3,364, 4 France 2,750, 5 Italy 1,950, 6 Spain 1,200, 7 UK 1,100, 8 Brazil 1,100, 9 Mexico 815, 10 Argentina 690, 11 Canada 515, 12 India 510, 13 Belgium 472, 14 Australia 390, 15 Netherlands 373, 16 Sweden 310, 17 Switzerland 300, 18 South Africa 300, 19 Venezuela 230, 20 Austria 200.

## Monopoly investigation into medicine sales in SA

The South African Minister of Economic Affairs has ordered an investigation into the existence of monopolistic conditions in the supply and distribution of pharmaceutical products in the Republic. A statement issued by him in Pretoria, says this step has been taken as a result of a



A free weekend in Paris was offered to Linda John in a recent Tufty Tails competition organised by Modo Consumer Products, when her boss, Mr R. Jeavons, a buyer with Vestric Ltd, and first-prize winner decided he did not want to go. The prize was raffled among Mr Jeavons' staff, and Linda won. Pictured with her is her husband David, and Mr D. Pickering, Modo salesman

considerable number of complaints which have been received in connection with alleged restrictions on competition in respect of the supply and distribution of pharmaceutical products. The statement adds that he has "instructed the Board of Trade and Industries to undertake an investigation, in terms of the Regulation of Monopolistic Conditions Act.

## Irony of W. Germany's 'poor' pharmacists

The West German government has drawn up proposals to limit the profit margins of pharmaceutical companies and of pharmacists, according to a report in *The Times* on Wednesday. A report on the industry's structure and pricing policy is said to have been prepared by the Kiel Institute for World Economics, suggesting that prices could be cut by 20 per cent without damaging research or pharmacists' profits.

*The Times'* correspondent ends: "If hypochondria is a national religion, its temples are the pharmacies of West Germany, which sell nothing but medicaments, having no need for such sidelines as bathingsuits or razorblades.

All cannot be well (for the consumer) in a trade which charges up to £8.33 for 100 anti-allergy tablets, for which a hospital has to pay only 65p. Small wonder that the West Germans have an ironic saying: 'Arm wie ein Apotheker'—as poor as a pharmacist."

## New John Jeyes Award

The Chemical Society has announced the establishment of an international John Jeyes Medal, Award and lectureship.

Jeyes Group Ltd are endowing the Award to celebrate the centenary of John Jeyes' invention of the first branded disinfectant in 1877. The Award will be announced in December but the lecture, on the general theme "Advances in chemistry relating to the better environment," will be given in 1977. The Chemical Society is to make the Award every two years.



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# 'NPU clearing house aggravates cash flow problems'

The National Pharmaceutical Union's clearing house system must aggravate the cash flow problems of suppliers said Mr Arthur Smith, MPS, deputy managing director, Boehringer Ingelheim Ltd at the annual conference of the Institute of Pharmacy Management International held at Ramsey, Isle of Man October 10-13 (see below). Mr Smith who read a paper on "Distribution channels—the relationship between the pharmaceutical industry, wholesalers and retailers" was one of five speakers who dealt with various aspects of problems which face the industry today and how the policies evolved to deal with the situation can be expected to affect the retailer.

Just over 50 delegates attended the conference and were joined by a number of local pharmacists for the Sunday morning professional session. The conference was opened by the First Deemster of the Isle of Man (equivalent to the Attorney

General at Westminster), Deemster R. K. Eason, who returned to the conference banquet on the next evening to respond to the toast "Our Guests" proposed by the Institute's chairman, Dr I. F. Jones.

Mr W. H. Scholl, president of the Scholl organisation, in proposing the toast to the Institute congratulated them on "taking on International". It was good to see and take up ideas from other countries. It made for a better society and profession.

Professor J. M. Rowson, president of the Institute, replying, pointed to the growth in membership during the year (275 new members). He thanked members from Ghana and Nigeria who were present for the work they had done on behalf of the Institute.

Delegates on the previous evening were guests at a civic reception given by the chairman (Mr Bill Callow) and commissioners of the town of Ramsey.

## Economic factors in distribution

Mr Smith's paper, besides criticising the NPU clearing house scheme (see later) contained a warning that the NHS reorganisation with its regional and area authorities provided the ideal opportunity for central contracts for general practice pharmacists similar to those operated currently for hospital purchases. Together with the use of section 46 of the Patents Act and the existence of a State manufacturer as envisaged by the Labour Party, the present organisational structure could have a "disastrous effect on research based manufacturers, wholesalers and those retailers who serve the community outside a health centre".

### More records

The Misuse of Drugs Act, Mr Smith continued, had had the effect on the distribution channels of increasing workloads due to extra recording at all levels, the need for special parcels for certain preparations and ultimately therefore more increased costs to be financed from fixed margins, or as some would argue in the case of the retailer, reduced margins.

If the ultimate aim in EEC was to have free trade between member States, then uniformity of legislation to ensure safety, quality and efficacy of products was a necessary forerunner for it to be achieved, and some agreement on prices must also be reached.

"With the artificially depressed price levels in the UK there is no doubt in which direction the goods would flow at the present time. However, we all know that comparing the prices of goods from country to country is a wasted exercise as within the EEC there are wide

differences and one just cannot compare apples with pears."

Because of the worldwide recession and the high rate of inflation in the UK, the economic factors influencing relationships in distribution have assumed far greater importance than ever before. "The starting point for these influences is the manufacturer and the VPRS but the end point is the Central NHS (Chemist Contractors) Committee and the retailers' remuneration." Tighter cash forced manufacturers to apply strictly their terms of business: one month instead of the two-months credit often taken by wholesalers. The manufacturers had to begin to insist on payment by the due date. This had the effect of creating the problem for the wholesaler. Wholesalers began reducing

their inventories to provide cash and in turn tried to put pressure on the retailer to pay his accounts more promptly.

"The typical wholesaler achieves an annual average stock turn of about 8.6. In future it is obviously the intention to try and improve this even further. Wholesalers on average have been used to profits before tax of around 3 to 5 per cent of sales volume or a return on capital of 20 to 30 per cent.

Another element in the cash flow problem of the manufacturer and wholesaler mentioned by Mr Smith was the NPU clearing house system. "As we all know this involves having your cheque with them by the 10th of the month and which in turn they settle with the suppliers around the 21st of the month. I understand that NAPD members alone collect around £3m per month this way which means the NPU have this amount of money on short term deposits for around 12 days, presumably at a very attractive rate of interest. Whilst the system has many attractions, there can be no doubt that at times like these it must aggravate the cash flow problem of suppliers."

### No Medicines Act

During the discussion, Mr Corris, an Isle of Man pharmacist, pointed out that they did not have the Medicines Act in the Island. What, if any, objections would the speaker suggest be made made if the Act was proposed? Mr Smith replied that on the mainland it was generally welcomed. Only those parts politically motivated were disliked and since they were fortunately not subject to political ideology on the Island the Medicines Act should be welcomed.

Mr C. V. Hammond asked for views on original pack dispensing similar to that used on the Continent. The speaker replied that industry would like this but it would cost more and if implemented the NHS would have to pay.

[An NPU spokesman in defence of the clearing house told C&D on Tuesday that Mr Smith assumes that if NPU members did not pay through the clearing house, the suppliers would be paid earlier. The convenience and postal savings far outweighed any slight disadvantages there may be to NPU members in sending their cheques in by the 12th of the month. Equally, NPU were convinced that there were no disadvantages to suppliers.]



Professor J. M. Rowson, president, with the chairman of Ramsey Commissioners and conference chairman, Dr I. F. Jones



# State intervention in the industry

"The Medicines Act is, in large part, a sensible piece of legislation, in providing for the licensing, labelling, and retail supply of pharmaceuticals; the assortment of earlier legislation affecting medicines needed collating and bringing up to date. But the management of its implementation as manifested in the regulations which have been published under the Act and the extra staff and expenditure which they have engendered, has been watched by the pharmaceutical industry with growing concern, if not horror."

That view was expressed by Mr D. R. Thompson, FPS, marketing manager, CIBA Laboratories, in one of the earlier papers read at the conference.

## Rapid intrusion

Since the Medicines Act was passed seven years ago, the pharmaceutical manufacturers and distributors had experienced a rapid and unprecedented intrusion into their activities by the State, said Mr Thompson. A substantial and rapidly growing part of the industry's resources was being diverted to deal with regulations, committees and inspectorates.

The Medicines Commission had generated twelve committees, totalling 155 members. In addition, the British Pharmacopoeia Commission, which was taken over by the Medicines Commission under the Medicines Act, now comprised 21 committees and 9 panels; similarly, the European Pharmacopoeia Commission now comprised a delegation of "plus 19 groups of experts". The Department of Health and Social Security supported this with a secretariat well over 200—half of them lawyers, scientists, senior administrators, doctors and pharmacists.

More than 50 sets of regulations had been generated under the Medicines Act since 1970, plus 31 notes for guidance. Most of the regulations had concerned licensing.

In 1971, the DHSS estimated the cost of licensing at £500,000 a year, 60 per cent to be recovered in licensing fees from industry. In 1976 the Department estimates the figure will be £1.4m, "the greater part" to be recovered in fees from industry.

Continuing, Mr Thompson said: "I do not know of any other industry which has to pay the cost of its control by the State. Nor is there any other country that forces its pharmaceutical industry to pay the State to control it." The development of new pharmaceuticals had been "slowed down all the way along the line."

"If management is the efficient organisation of resources towards the achievement of specified objectives, then the workings of the Medicines Act demand urgent review. New objectives need to be set and an economic and businesslike approach is

required to planning and budgeting for their achievement. The present mis-directed effort and open-ended funding can only lead to chaos."

Mr J. Spink, MPS, assistant secretary, Wellcome Foundation Ltd and Dr A. Hayes, director of European affairs, ICI Ltd in their papers continued on the theme of State intervention. Mr Spink's paper was a sequel to a paper read at the British Pharmaceutical Conference at Norwich (see *C&D*, September 13, p366).

Mr Spink said that State intervention, exactly 50 years old, was made at first strictly in the interests of public safety and, in particular, there was no economic or doctrinaire motive behind it. Now however, there was as much intervention for economic and political reasons as there was on scientific grounds.

One of the main reasons for this he believed was the pressure of consumerism which had forced governments to increase their intervention into most industries providing consumer goods. In the pharmaceutical case there was the added factor that the intervening government was also a monopoly purchaser of the industry's products.

The most direct form of intervention he believed was through the regulations controlling clinical trials; the product licence application regulations, the controls on manufacture through the medicines inspectorate and the "Orange Guide"; and the existing and proposed controls on marketing activities.

## Price regulation

Another form of intervention, brought about by formal agreement between government and the industry rather than by unilateral legislation, was the Voluntary Price Regulation Scheme. One of the major defects of the scheme was that, by making the company profit shown in the annual financial return the primary criterion of control, it put a penalty on profit generally.

"From the narrow standpoint of getting medicines on the cheap for the NHS the VPRS must be regarded as a Government success . . . It could be that raising the NHS price of the internationally important products could produce a foreign earnings benefit many times greater than the additional cost to the NHS. Corporation tax would, in any case, recover half of any additional profit made in the UK."

Recently Ireland has attracted substantial foreign investment with the result that the Irish market is now a considerable exporter. UK price controls have not been the sole factor resulting in Ireland seeming more attractive—long tax holidays have encouraged investors too—but it is true to say that investors are influenced by the number of controls that they face



Mr D. R. Thompson

and without doubt the UK over the recent past and presently must be well up the interventionist league, if not at the top of it."

Another form of intervention "much more subtle than legislation or formal agreement, is the use of generic names nomenclature authorities by many countries as a means of promoting a policy of generic prescribing by coining short trademark-like generic names. Of all the forms of Government intervention the industry faces the proposed restrictions on sales promotion if enacted, will add substantially to the restrictive climate under which we already operate. Especially drastic was a proposal to curtail medical representation.

## Patents

Dr Hayes' paper sought to show why the patent system was so important to both the industry, and the patient. The setting up of the National Enterprise Board as proposed in the Industry Bill at present on its way through Parliament "poses a threat to any industry that wishes to remain in the private sector, but it is particularly worrying for pharmaceuticals because of the Labour Party's antipathy towards it" [the pharmaceutical industry], said Dr Hayes.

Some of the methods used in research appeared to be misunderstood and facile expressions such as 'me-too' products, 'molecular roulette' and 'random screening', were frequently heard to describe perfectly valid methods used in the industry. Progress in all knowledge had always depended upon the publication of one person's work stimulating others and the patent system owed its existence to the belief that this was in the interest of the community.

"The life of a patent is different in different countries, but in the UK it is sixteen years and thus in the case of some medicines half the patent life has vanished before the first sale in the UK can be made. The Banks Committee which examined the British patent system concluded that there was a case for extending the period of patent monopoly in the UK to twenty years. The recommendation has now been accepted by the British government, but it will be some time before a comprehensive new Patents Bill can be brought before Parliament."



# People

**Mr Harry Steinman, OBE, FPS**, member of the Pharmaceutical Society's Council has been re-elected a member of the management committee of the Society of Family Practitioner Committees.

**Mr T. I. O'Rourke** has been re-elected chairman of the Northern Ireland Pharmaceutical Contractors Committee, **Mr J. Kerr** vice-chairman, **Mr W. Gorman** honorary secretary, and **Mr M. C. Mooney** treasurer. The secretary is **Mr H. S. Porter**, 73 University Street, Belfast BT7 1HL.

**Mr Charles G. Drummond**, Bo'Ness, West Lothian, was congratulated last week on completing 50 years in pharmacy. A tribute was paid to him by Sir Gordon Willmer, chairman of the Statutory Committee of the Pharmaceutical Society, since Mr Drummond is the longest serving member of that committee, having been appointed more than 16 years ago. He studied at the Royal Dispensary School of Pharmacy in Edinburgh before joining the pharmacy in Grassmarket of which he eventually became proprietor. Mr Drummond is a charter silver medallist of the Society, the president of the Scottish Society for the History of Medicine and a member of the committee of the British Society for the History of Pharmacy. He is also a past chairman of the Scottish Executive of the Pharmaceutical Society. Mr Drummond has fulfilled the Pharmacy and Poisons Act requirement that one member of the Statutory Committee shall be a pharmacist resident in Scotland—the only member of the Committee that must be a pharmacist in fact.

**Mr Dennis Nottage** will succeed Mr R. Westley as Registrar of Companies and Registrar of Business Names from July 1, 1976.

## Deaths

**Beckett:** On October 4, Mr John Douglas Beckett JP, MPSNI, 119 Frances Street, Newtownards, co. Down. Mr Beckett qualified in 1939 and was the proprietor of a well-known business in High Street, Newtownards, for many years. Like his father, he was a former member of the Ards Borough Council and was the last Mayor prior to the reorganisation of Local Government in 1973. A past Master of Wright Memorial Masonic Lodge 448, Newtownards, Mr Beckett is survived by his wife, son and two daughters.

**Cheyne:** On October 9, Mr David Alexander Cheyne, MPS, 21 Kirk Crescent South, Culter, Aberdeen. Mr Cheyne qualified in 1924.

**Murray:** On October 7, Mr John Campbell Murray, MPS, 81 High Road, Motherwell. Mr Murray qualified in 1928.

# Topical reflections

BY XRAYSER

## Outside control

In his thoughtful and wide-ranging address to a regional conference last week, Mr W. A. Beanland referred to the fact that only about half the number of general practice outlets in pharmacy were privately owned, thus qualifying for the description "pharmacy." The remainder were owned by "unqualified individuals, small companies, and national and international vested interests, all of whom moved into pharmacy to exploit commercially both the profession and pharmacists themselves."

I note that a member of his audience described Mr Beanland as "catalyst of controversy," but I find nothing controversial in that particular statement. It is, sadly, cold fact, and there is increasing evidence of exploitation of the qualification by what Mr Beanland correctly describes as usurpers. In some cases the usurper merely invests capital in a business in the same manner as he may do in a fried fish shop or a billiard saloon, hoping for the reward for casting his bread. In others, the unqualified owner dons a white coat and proceeds to "project an image," which is all it ever can be, and the unfortunate pharmacist finds life extremely difficult.

It is, perhaps, true that he should not allow himself to be exploited in that way, but there may be reasons for his inability to assert his authority, and those reasons may be known to the exploiter. Mr Beanland said: "Every pharmacist who sells himself and his expertise to a non-pharmacist employer weakens our professional image." But, then, not everyone is in a position to refuse such employment, under existing conditions, for the cost of buying a pharmacy, or opening and stocking a new one is beyond many and involves selling oneself and one's expertise to a non-pharmacist bank—if a willing one can be found. Nevertheless, Mr Beanland's disquiet must be shared by many, even to his concern that we have allowed ourselves to be subjugated and controlled until there is a real danger of the profession being taken over by the "usurpers." But the law allows company ownership, and powerful and influential interests would not readily abandon a well-entrenched position.

## Independence

Mr Beanland's statement that only about half the number of listed outlets were independent pharmacies should give rise to concern, though under present circumstances I see no remedy. But I was surprised to learn that virtually half the membership of the National Pharmaceutical Union comprised company shops. I have no means of knowing, but one cannot escape the feeling that the position of the NPU is less strong, assessed as the voice of independence, than might have been thought.

## News in brief

□ Customs and Excise have published a revised edition of Notice No 700, VAT general guide, to replace the September 1973 edition. It takes into account the introduction of the higher rate of VAT and Notices No 745, VAT, Preparation for additional rates and No 741, The higher rate of VAT are cancelled.

□ The Food Additives and Contaminants Committee is to review the use in food of the permitted preservative sorbic acid. Comments should be sent to the secretary,

Food Additives and Contaminants Committee, Ministry of Agriculture, Fisheries and Food, room 556, Great Westminster House, Horseferry Road, London SW1P 2AE, by December 9.

□ A leaflet, Inform no 7, presenting arguments for and against wider distribution of oral contraceptives is available from the national information resource centre, Family Planning Association, 27 Mortimer Street, London W1A 4QW.

□ In 1974-75, 1,225 students were enrolled for the Council for National Academic Awards degree courses in pharmacy (1,137 in 1973-74). The total enrolments for science and technology degree courses were 27,299.



# *André Philippe*



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# Country Counter

by a rural area pharmacist

## Fruits of the standstill

On the face of it, Autumn 1975 should be a good one for rural pharmacy—good intentions seem to be blossoming all over—let us hope the fruits of success will follow the flowers of promise.

One of the major events is, of course, last week's "standstill" announcement. I for one have grave doubts about whether in the long term anything will come from this; nevertheless in the short term I welcome it because for a year at least it should stop the constant poaching of patients by doctors and will enable chemists to plan for the future with a little more confidence. I see, however, that it is a "gentlemen's agreement"—the Ministry still doesn't seem prepared to face up to their responsibilities, though I am sure they will soon jump in to take the praise for any success.

One of the most satisfying aspects of the standstill is that it should help our colleagues in Evesham in their fight—which I would have thought provides one of the first tests of the doctors' sincerity. But now the standstill has been announced, are we going to be told how the negotiations are progressing? Can we "lobby" the negotiators? What are the objectives—maximum and minimum?

### Items to discuss

There are so many problems to be answered. Perhaps I could suggest a few items for the joint committee to discuss.

1. What does "rural in character" mean? Does it just mean an area by definition more than one mile from a pharmacy?

2. By what stretch of the imagination can it be in the public interest to provide dispensaries for doctors in health centres when a perfectly adequate pharmaceutical service already exists?

3. Is it not about time that rural pharmacists' remuneration reflected the fact that they have a disproportionately large volume of the time-consuming prescriptions to do—the complicated mixtures, the messy ointments, etc. while doctors dispense the more straightforward items?

4. If there are areas where patients have difficulty in getting to a pharmacy would it not make more sense to subsidise a collection and delivery service for those areas rather than give the present indiscriminate rural subsidy to pharmacy and the bottomless public purse to the doctors?

5. Why on July 1 was it suddenly more convenient for many patients to obtain their "pills" from the doctors dispensary rather than from the pharmacy?

6. If patients are to be allowed to "choose" whether to go onto doctors' dispensing lists or not then surely that choice should be at the FPC offices—not in the doctors' waiting rooms.

But then I imagine that over the years hundreds of rural pharmacists will have

let Mallinson House or Bloomsbury Square know their problems. There must be sufficient points to discuss to keep the committee talking solidly through the 12 months standstill! Many problems could be solved with good will (and cash!) but our negotiators must not be allowed to compromise on the principle that it is our profession's responsibility to dispense and the medical profession's responsibility to diagnose and prescribe. Without this being accepted I would see little point in our negotiators wasting their time.

### Livelihood

I realise of course that in any negotiation, there has to be discussion and compromise, that no delegates can work with their positions inflexible. Nonetheless, it must be remembered that for rural pharmacists it is not just a matter of principle, though that is important enough—it is our livelihood that is being discussed.

I note that the local committee should consist of three pharmacists and it is suggested that one of these should be on an FPC and one of them a non-rural pharmacist—I know of one county at least which has a doctor dispensing problem yet has no rural pharmacist on its Contractors Committee—can we assume that pharmacists who are not on ACCC's can be appointed? A further safeguard might well be to insist that no pharmacist who supplies dispensing doctors should be on the committee. I am not condemning rural pharmacists for so doing—I realise that in some areas only by supplying his local doctor can a rural pharmacist carry

on. However, on the committees a pharmacist could find himself facing a doctor with whom he does a large amount of business and he would be in a most difficult position. It seems to me the local committees are going to have a difficult job—we must ensure that our representation on them is dedicated, knowledgeable and effective.

On September 21 we heard that the "small pharmacies scheme" had been overwhelmingly agreed. Now I am one who has doubts about the value of this scheme on its own, for if a pharmacy is doing under £20,000 counter turnover and is in an area where doctors dispense (and thus can only get prescriptions within a mile radius) it would probably be non-viable and unsaleable. Whilst the extra money put into these pharmacies is welcome we should surely be deluding ourselves if we thought that the money would transform the face of the pharmaceutical service in the rural and suburban areas.

At the same conference it was decided to go ahead with the basic practice allowance. This, as I said in a previous article (*C&D*, September 5 p329), should have a far greater and more long lasting effect on the future of the services and I congratulate Oxfordshire and Norfolk on having this resolution adopted. In many areas—not just rural—there is a real public need for this service, which cannot be quantified in terms of numbers of prescriptions dispensed alone. People want access to a pharmacist and surely it is only right that some recognition is given to the public in our contract to the fact that the pharmacist is accessible throughout the day.

### In doubt

One final comment on the ACCC conference. I hear that delegates from Cumbria stated that they had prepared an "on call" system for their county and backed the call for a national policy. I would be most interested to see details of Cumbria's plans—indeed I understand that some Cumbrian pharmacists are not too sure about them either!

## 'Savings hit retail sales more than unemployment'

The consistently high level of saving on the part of consumers is a far bigger threat to trading than unemployment, according to the Retail Consortium's latest monthly commentary on the economic situation.

The editor, Mary Goldring, concludes that, with redundancy and high social security payments, the effects of unemployment on sales may not be too severe. However, the proportion saved by families out of take-home pay has gone up by a half in two years to 12 per cent, and cash saved has doubled. An "unprecedentedly high" 18 per cent was saved in the first three months of the year in spite of the pre-Budget spending rush.

On rates, the commentary records that companies now provide 60 per cent of local authority income. Miss Goldring believes that the rates burden has become so high that the following should be done:

□ For internal accounting purposes, rates should be treated as a charge against

profits, not as part of fixed costs. Adding them to corporation tax would show most companies being taxed at rates upwards of 60 per cent.

□ A more active interest should be taken in town hall accounting: "Local officers are not against opening their books to serious inquirers. Where businesses have set up informal commercial ratepayer associations, there has been improvement in the efficiency of administration." The best results were likely to be obtained where such associations represent a cross-section of all traders and manufacturers in the local authority area.

Miss Goldring believes managers do not appreciate how ill-equipped local councillors are to handle the size of sums currently being spent by local authorities; the commonest mistake was ignorance of the financial burden incurred by big capital projects. Some local authorities "now spend a third of their income on interest charges."



# New products and packs

## Health foods

### Pollenaps pollen tablet

Pollenaps, pollen tablets each containing 155mg bee-harvested pollen with added honey and natural lemon oil, are being launched in the Southern television area. They may be sucked or chewed. One bottle of 35 tablets (£1.25) gives five weeks' supply and the product comes in display outers of 10 units.

Advertising began on October 13 with colour inserts including a "25p off" coupon in *Woman*, *Woman's Weekly*, *Woman's Own*, *Woman's Realm*, and support in all local daily newspapers published in the region (Approved Prescription Services Ltd, Cleckheaton, Yorks).



and supported by a five-million 5p coupon coupon distribution.

The Silvikrin range of conditioning shampoos has been extended to include a new variant—wheatgerm. This variant is for problem hair in the normal to greasy category, and brings the number of Silvikrin shampoos to five. Wheatgerm shampoo will get £100,000 of advertising support in a concentrated launch drive (Beecham Proprietaries, Beecham House, Brentford, Middlesex).

### Teeda conditioner

Teeda division of H & T Kirby have introduced Teeda cream hair conditioner, particularly recommended for use after bleaching, colouring, perming or straightening the hair. It comes in a 4 oz jar (£0.56), sufficient for 10 to 15 treatments (H. & T. Kirby Co Ltd, Mildenhall, Bury St Edmunds, Suffolk).

## Cosmetics and toiletries

### Pearlspun Eyeglaze

Pearlspun Eyeglaze is the latest eyeshadow from Elizabeth Arden. The frosted eyeshadow (£1.75) can be used alone as an eyeshadow; over pencils, powder shadows or cream shadows, or as a highlighter. It has a semi-transparent plastic barrel—allowing the individual shades to be clearly visible—with a gilt cap and sponge-tipped applicator. There are five shades: star sapphire, a "shimmering" blue with silver frost; emerald gold, a "shimmering" green with gold frost; silver smoke, a "shimmering" silver grey; antique gold, a sparkling, true gold, and ivory lights, a "shimmering" vanilla with gold frost (Elizabeth Arden Ltd, 20 New Bond Street, London W1A 2AE).

### Bubble bath Blossoms

Four fragrant bubble bath oils which "capture the perfume of spring blossom with a hint of tangy fruit" have been



introduced by Max Factor Ltd. There are four fragrances: orange, lemon, cherry and mulberry blossom and the bath oils contain a skin conditioner.

Bubble bath Blossoms (£0.98) are attractively packaged in silver capped glass bottles moulded in the shape of summer fruit, with a hanging silver coloured leaf tab that indicates the fragrance and directions for use. For sale, November 1 (Max Factor Ltd, 16 Old Bond Street, London W1).

### Versatile eye makeup

New from Clinique is Basic Eye Emphasizer (£3.25), an eye make-up product able to serve as an eyeliner, as a contourer or as a brow emphasiser. The product is a fine pressed soft-grey powder in a silver matchbox case that contains its own sponge applicator and brush, and can be used wet and dry (Clinique Laboratories Ltd, 72 Grosvenor Street, London W1).

### Tramp spray Cologne

A national television campaign launched the latest Cologne from Lenthéric—Tramp. Packed in brown with gold lettering the spray cologne (£1.45) is aimed at the 18-25 age group (Lenthéric Morny Ltd, 17 Old Bond Street, London W1X 4AY).

## Sundries

### Solida hairnet

The latest product in the Solida hair accessories range is Solida non plus ultra hairnet. The hairnet is said to be "invisible" when worn and comes in an envelope containing two hairnets (£0.17). There are two shades—light and dark (J. & T. Gorney, 16 Oakwell Mount, Leeds 8).

## Electrical

### Vogue styler-dryer

Sperry Remington are launching the Lady Remington Vogue set, a "complete home hairdressing kit," in time for the gift market.

The Vogue set (£19.95) has an attractively styled handle housing a 300W heating unit and fan. The attachments include a pneumatic brush: the metal pins in the brush become warm, making it ideal for untangling and brushing long hair as well as speeding up drying. There is also a curling tong. The set has a swivel cord, a circular brush, a radial brush and a comb. It is presented in an eye-catching silver display pack with illustration (Sperry Remington Consumer Products, Apex Tower, 7 High Street, New Malden, Surrey KT3 4DL).

## Haircare

### Polyset re-launched

Polyset setting lotions have been re-launched with a new formula and attractive new packaging. The new formula Polyset, which has an "improved" fragrance, is said to give hair increased hold and body and make a set more long-lasting.

The packaging for the 22cc vials (£0.13), features attractive wrap-round labels, and there is a new sprinkler/pourer in the neck of the vial which gives "greater control of application." A permanent display unit has been produced for the range (Richard Hudnut Ltd, Chestnut Avenue, Eastleigh, Hants).

### Nature's Riches from Silvikrin

New in the Silvikrin range are Nature's Riches (sachet £0.09; bottle £0.38), a range of conditioners with four variants. These are strawberry shine for normal hair, clear citrus for greasy hair, coconut oil for flyaway hair, and avocado cream for dry hair. Attractively packaged, the new range will be advertised in leading women's magazines starting in November



# Trade News

## Biba Cosmetics extend franchise

At a recent international sales conference, Biba Cosmetics Ltd, announced the extension of their franchise in the UK market, with a movement towards chemist outlets expected in the new year.

Although distribution has been limited in the UK to the recently-closed Biba store in Kensington, and selected Dorothy Perkins shops, the cosmetics company had been establishing world-wide distribution in the US, Australia, Japan, Europe and the Middle East. The company now plans to concentrate on extending the UK market.

The rationale behind Biba Cosmetics is that makeup is essentially a fashion accessory. This inevitably determines the type of outlet which will sell Biba makeup.

According to Mr J. Philip Harrison, managing director, Biba Cosmetics Ltd, their plans for the UK will follow closely the company's development in the US where they opened initially in departmental stores, followed by fashion outlets and then chemists and drug stores.

At present the Biba range is sold through Harrods, some House of Fraser stores, and Dorothy Perkins shops. Plans are being completed to include a popular "young appeal" fashion chain, plus two other major fashion chains. In November distribution is hoped to be extended to selected fashion accessory boutiques, followed by the introduction to chemist outlets in the new year, by which time "there will already be an allegiance to the brand".

The Biba range covers a wide colour spectrum—250 colours in all—and covers makeup for the eyes, face, lips and nails.

### New Intraval pack

May & Baker Ltd, Dagenham, Essex RM10 7XS, have introduced a new pack size for Intraval Sodium. The new pack, for preparing a 5 per cent solution, comes as 10 ampoules, each of 0.5g, without water for injections (£1.21½ trade).

### Ha'dol tablets 10mg

An additional 10 mg strength of Haldol tablets from Janssen Pharmaceutical Ltd, Chapel Street, Marlow, Bucks SL7 1ET,

has now been approved. Each pale green, scored, uncoated tablet contains haloperidol 10mg and is marked "Janssen" one side, "H/10" on the reverse (100, £13.68; 500 £64.98 trade).

### Two more sizes of Urografin

New 100ml (£2.85 trade) and 200ml (£5.59) sizes of the X-ray contrast media, Urografin 370 (76 per cent), have been introduced by Schering Chemicals Ltd, Burgess Hill, Sussex.

### Size change

The size of Kolynos fluoride toothpaste by International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET, has been changed from 32cc to 32.5cc. The price remains unchanged.

### Family reunion promotion

There are five £1,000 "Trips of a lifetime" to be won plus 70 other travel prizes in the latest Brylcreem promotion by Beecham Proprietaries, Beecham House, Brentford, Middlesex. Competitors fill in five questions on the special pack sleeves, complete the tic-breaker, and return it to Beechams. The Brylcreem "family reunion" promotion follows closely on the national launch of Anti-Dandruff Brylcreem which is said to have added 20 per cent to overall Brylcreem sales with no reduction in regular Brylcreem sales.

### Advertising increase

Sales of Haemorrhoidal spray, which was launched nationally in May, are running at 208 per cent of the target level, say International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET. To support this high level of demand, the makers are increasing their advertising in the *Daily Express*, *Daily Telegraph*, *Daily Mirror*, *Sun*, *Sunday People*, *News of the World*, *Belfast Telegraph* and *Sunday Post*.

### Larger packs for Christmas

Almay Cosmetics, 9a New Bond Street, London W1, are introducing their popular skin care products in larger sizes and combination packs for Christmas. The larger, 6oz sizes (normal size 4oz) are in the Deep Mist cream cleanser (£1.05), moisture cream (£1.42) and skin tonic (£0.92) products.

Special combination packs include one for normal skin types (£1.48), and one for dry skins (£1.76).

### New display packs

Gynomin contraceptive tablets are now available in attractive blue and silver display packs, from Napp Laboratories Ltd, Hill Farm Avenue, Watford.



### Compound W repackaged

A new one-dozen display outer for Compound W wart remover replacing the hanging card, has been produced by International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET. Compound W has been repacked in royal blue and green and the colour scheme is repeated in the display outers.

### Caroline promotion

Glaxo-Farley Foods Ltd, Torr Lane, Plymouth, Devon, are featuring a coupon on the new 20 pack of Caroline disposable nappies, offering an acrylic, washable teddy bear. The teddy bear stands about 20ins high.

It is available in Champagne, pink, blue, brown and beige, and can be redeemed for £1.65, together with six birds from the Caroline packs—there are two birds on each pack. The offer will run until the end of January, 1976.

### Shades for the eyes

Outdoor Girl introduce new shades for eyes in matt, pearl and shadow stick formulae. To the matt shadow range are added three new shades: pistachio, camel, mole; three shades are added to the pearl shadow range: twilight, barley, beaver; and two new shadow stick shades: haze, smoke. All products are distributed by Myram Picker Ltd, Hook Rise, Kingston by-pass, Surbiton, Surrey.

### Robinson's toy offer

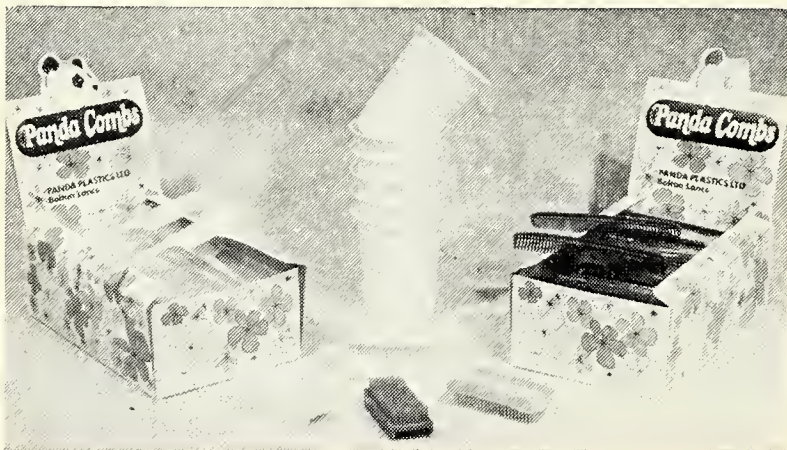
With the Christmas gift season in mind, Reckitt & Colman food division, Carrow, Norwich NOR 75A, are offering two soft toys on Robinson's baby foods. The toys are Susie squirrel and Betsy bunny and are both 12ins tall. They are obtained by sending £1.85 and five packet tops from any of Robinson's baby foods; the retail value of each toy is over £3.00.

Full-colour leaflets featuring the offer are available and details of the offer are printed on the propafilm wrapping. The offer closes on February 29, 1976.

### Olive sunglasses

The 1976 Olive sunglass collection shows additions to the range plus the retention of the more popular styles of '75. Prices range from 25p for children's sunglasses, to £19.95 for photochromic sunglasses. The 1976 catalogue will be available in November from Royal Sovereign Group Ltd, Britannia House, 100 Drayton Park, London N5 1NA.

Continued on p536



Recently introduced by Panda Plastics Ltd, Hove Street North, Bolton, Lancs, is a range of ladies' and men's combs in polypropylene in in assorted colour. The combs are packed 200 to a display box. Panda also make beakers and nail brushes.





## Now your customers can pay less for their vitamin C.

C-Vit, the blackcurrant health drink, can offer your customers as much vitamin C as other similar products, and at the same time costs less.

A fact that will not escape those customers who see our forthcoming advertising.

So as you know—and they know—what good value C-Vit is, doesn't it make sense to stock it?

C-Vit, in 12 oz. or 18 oz. bottles, is obtainable from your local branch of Corona Soft Drinks.



# Trade news

continued from p534



## Winter advertising

Television advertising for Seven Seas products this winter has been extended to the Anglian and Central Scotland areas, as well as Granada television. The advertising lasts until mid-November, with a further burst in the two new regions in January and February.

British Cod Liver Oils Ltd, Marfleet, Hull 8U9 5NJ, have produced a six-bottle counter display unit holding the cod liver oil, orange syrup and cod liver oil, and mixable mint flavour products; and a Seven Seas capsule holder.

## Christmas first aid kit

Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts, have introduced a Christmas wrapper for Elastoplast household first aid kit. Special discounts are available on all Christmas orders.

# on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island

**Askit powders:** Sc, G

**Airix:** All areas

**Blue Stratos:** Ln, So, A

**Braun Quick Curl styling wand and HLD50 hairstyling set:** All areas

**Braun Synchron Plus shaver:** All areas

**Delph:** M, Y, WW, NE, We, G

**Denim:** M

**Divi-Dent:** Ln

**Lady Grecian 2000:** All except E, U

**Odor-Eaters:** WW

**Old Spice:** All areas

**Philips Home Trim:** M, Ln, Y, NE

**Philishave:** All except E

**Remington shavers:** All areas

**Seven Seas range:** Lc, Sc, A

**Signal:** All except Lc, Y, A, We, CI

**Sunsilk shampoo:** All areas

**Tegrin:** Lc, Sc, WW, We, So, CI

**Three Wishes soap:** All areas

# Prescription specialities

## NYSTATIN-DOME oral suspension

**Manufacturer** Dome Laboratories, division of Miles Laboratories Ltd, Stoke Court, Stoke Poges, Slough SL2 4LY

**Description** Pale yellow, viscous, aniseed flavoured suspension containing 100,000 units nystatin per ml

**Indications** Local treatment of monilial infections of oral cavity and oesophagus caused by nystatin sensitive fungi and yeasts.

**Dosage** Children and infants (for treatment of oral candidosis) and adults: one ml taken four times daily between meals. Continue treatment for 48 hours after apparent clinical cure. Reassess after 7 days if no improvement. Shake well before use

**Precautions** Contains sugar; should not be given to children with disaccharide intolerance. If infection persists or new infection appears, discontinue use and institute appropriate therapy

**Side effects** Mild and transitory nausea, vomiting and diarrhoea have been recorded after large oral doses of nystatin in excess of 4-5m units daily

**Storage** In a cool place. Avoid freezing

**Packs** 30ml bottle with 1ml spoon (£1.15 trade)

**Supply restrictions** P1 TSA

**Issued** October 1975

## MOLIVATE cream and ointment

**Manufacturer** Glaxo Laboratories Ltd, Greenford, Middlesex OB6 0HE

**Composition** White water-miscible cream and paraffin-based ointment containing 0.05 per cent clobetasone butyrate

**Indications** Suitable for treating minor forms of eczema, seborrhoeic dermatitis and other steroid responsive skin conditions, eg sunburn, which do not require use of more potent topical corticosteroid. In more resistant dermatoses, may be used as maintenance therapy between courses of more active topical steroids. Particularly appropriate for infants and young children; may be used as standard corticosteroid treatment for napkin rash, seborrhoeic dermatitis and atopic eczema, reserving more potent preparations for use in short courses on resistant areas

**Contraindications** Viral disease of skin, eg herpes simplex

**Method of use** Applied to affected area up to four times daily until improvement occurs, when frequency of application may be reduced

**Precautions** Long-term continuous topical therapy should be avoided where possible in infants and children. Infants' napkin may act as occlusive dressing and increase absorption. Appropriate chemotherapy should be used whenever skin infection present; any spread in infection requires withdrawal of topical corticosteroid

is undesirable. Topical steroids should not be used in pregnancy ie in large amounts or for prolonged periods.

**Side effects** Hypersensitivity unlikely. When large areas of body are being treated patients could possibly absorb sufficient steroid to cause transient adrenal depression despite low degree of systemic activity of clobetasone butyrate. Local atrophic changes could possibly occur after prolonged use in situations where moisture increases absorption

**Storage** In a cool place

**Packs** Tubes 25g (£0.88 trade) and 100g (£3.11 trade)

**Supply restrictions** P1 TSA

**Issued** October 1975

## VIDOPEN capsules and syrup

**Manufacturer** Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE

**Description** Red and pink capsules marked with name and strength containing ampicillin 250mg and 500mg. White powder which when reconstituted gives a pink cherry-flavoured syrup 125mg in 5ml and 250mg in 5ml

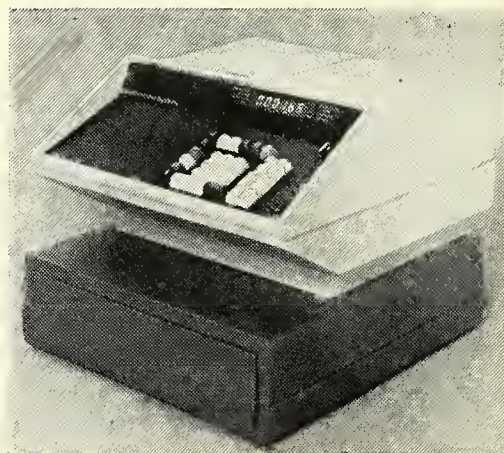
**Indications etc** As for other ampicillin preparations

**Packs** Capsules 250mg (1,000, £31.05 trade) and 500mg (500, £31.05). Syrup 100ml bottles, 125mg (12, £5.40) and 250mg (£9.72)

**Supply restrictions** P1 TSA

**Issued** October 1975

# Equipment



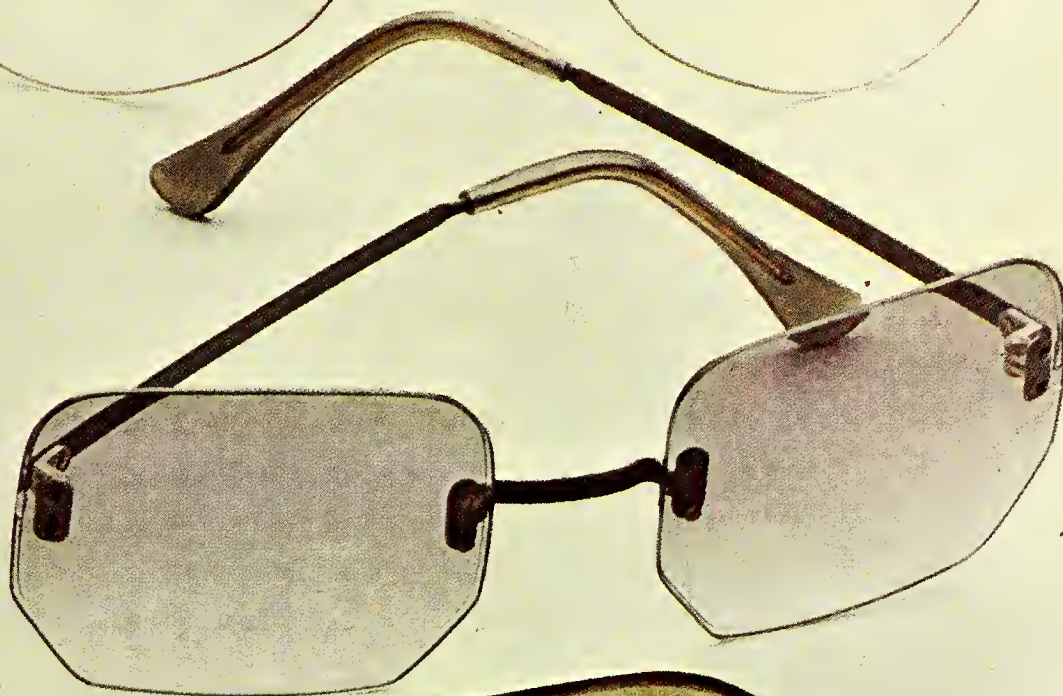
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The effective relief for  
all 5 major cold symptoms.





# **The effective relief for all 5 major cold symptoms.**

## **Test Market Success.**

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## **High impact display for faster sales**



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But to make it move still faster, Vicks have made available a unit that displays Vicks MediNite to its best advantage—and yours.

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Vicks are putting more money into advertising Vicks MediNite than any previous product. Television advertising commences October 13th and runs until end of March. Over 70 screenings of thoroughly researched 45 second and 15 second T.V. spots will reach 90% of the audience more than 14 times each.

## **It's what your customers want**

New Vicks MediNite Nighttime colds medicine relieves all five major cold symptoms—stuffy noses; sniffles and sneezes; coughing; headache pain; sore throats—in a single measured dose. Taken at bedtime, Vicks MediNite lets the cold sufferer get the sleep he needs.

It's what cold sufferers want.

It's what they'll come back for.

Because it works.

Ask any pharmacist in Yorkshire, London, Durham or Northumberland. He'll tell you.

**New Vicks MediNite-Relieves all five major Cold Symptoms in one.**





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# FPCs favour limitation of pharmacy contracts

A conference of family practitioner committee representatives last week voted overwhelmingly in favour of limitations on NHS dispensing contracts in areas affected by health centres.

Four similar motions had been put to the first annual meeting of the Society of Family Practitioner Committees but were considered as one: "That with a view to achieving a planned pharmaceutical service the Secretary of State be urged to introduce legislation for the control of the right to undertake NHS dispensing in order to prevent the serious consequences which the indiscriminate granting of contracts for NHS dispensing has on pharmaceutical services in areas affected by the movement of doctors into health centres and group practices."

Two other motions had suggested restricting contracts within a  $\frac{1}{4}$  mile radius of such sites.

Proposing, Mr L. Boston, Wakefield, explained how pharmacists could be adversely affected both by doctors moving away from the area and by the "leap-frogging" of their own profession. He felt the problem was national rather than local and, while restricting contracts within a  $\frac{1}{4}$  mile radius would be a step in the right direction, it was not quite the same as a planned pharmaceutical service.

## Pharmaceutical practice committees?

The planned service could be achieved either by FPCs in consultation with area chemist contractors committees or by introducing pharmaceutical practices committees with powers similar to those of medical practices committees.

Mr Arthur West, Norfolk, said that having pharmacies in or adjacent to health centres was not necessarily in the public interest—not all prescriptions were given at the centres but some were issued on doctors' visits.

Introducing a new pharmacy adjacent to a health centre could destroy those pharmacies already established within a convenient distance, thereby depriving patients of freedom of choice. It would be "another stab in the back for the pharmacy profession" and the public at large would lose further pharmaceutical services.

"Public expenditure on improving surgery facilities should not provide an opportunity for any profession to secure an advantage over another member of the same profession", Mr West believed.

Mr R. G. Worby, MPS, Barking and Havering, said the advent of a health centre was a local problem and he would be reluctant to see any further interference than that necessary to deal with the matter locally—which was why his FPC favoured the  $\frac{1}{4}$ -mile limit. He went on to say that dispensing within a health centre could have a detrimental effect on

the viability of pharmacies in peripheral areas by taking away their NHS business. Patients in these areas would suffer by being not only a long way from their doctor but also a long way from their other important source of medical advice, the pharmacist. Mr. Worby felt that a limited interference in what would otherwise be a free right to practise was necessary to guarantee a comprehensive pharmaceutical service throughout the country.

A general practitioner, Dr J. W. Dignan, City and East London, was perturbed at the number of pharmacies which had closed down in recent years and urged delegates to "take action now" before others "went to the wall".

No-one wished to speak against the motion, which also had the support of the management committee.

## Viability of pharmacies

Similar concern about the viability of pharmacies was expressed by Dr C. R. Thickett, Bradford, who explained how this viability had been threatened by the opening of supermarkets. Closure of pharmacies led to great hardship for the elderly and infirm and he proposed a motion calling for the Secretary of State to investigate ways of alleviating these difficulties. He felt there should be some encouragement for pharmacies to open in areas with no pharmaceutical services and suggested area allowances or mobile pharmacy schemes. Voluntary prescription collection and delivery schemes were not a satisfactory long term answer to the problem.

Mr N. H. Tertis, Lambeth, Southwark and Lewisham, explained how his local authority had suggested subsidising the rates to assist pharmacies, but so far with little success (*C&D*, February 1, p125).

Once again, the motion was carried with no-one speaking in opposition.

## Discontent with drug testing scheme

Devon FPC believed that the present drug testing scheme was of little value in ensuring the satisfactory quality of drugs and dressings. Mr L. W. J. Simpson, MPS, proposed that the scheme be replaced by quality control to ensure that all drugs, dressings and appliances supplied from any source—including doctors' surgeries—were of an approved standard. He drew attention to the poor quality and out-of-date preparations he had seen on pharmacy shelves and in surgeries. With the increasing sophistication of drugs, modern quality control techniques were necessary in the patients' interests.

His suggestion made Mr Worby wonder what was the point of employing pharmacists if drugs were to be tested before being dispensed. The purpose of a pharmacist was to ensure the satisfactory quality

of the drugs he issued and on many occasions he would reject a preparation on his shelf as inferior.

The present scheme was administered by inspectors who were themselves qualified pharmacists understanding fully the technical requirements for storage and dispensing of the drugs they tested. There could be no more accurate check on a dispensed medicine than to take a sample of an item awaiting collection by the patient. Any other procedure would mean the medicine was tested before the pharmacist had exercised his professional responsibility upon it.

Mr R. Roberts, on behalf of the management committee, quoted Department of Health statistics for 1973-74 which stated that of 6,041 samples tested, only 0.43 per cent contained errors referred to the service committee of which 1 in 4 were considered serious enough to justify withholding the chemist's remuneration. The Department had concluded that the drug testing scheme was an economical and essential safeguard. The motion was lost when put to the vote.

## Thefts from CD cabinets

Barnet FPC believed that the regulations on storage of Controlled Drugs were responsible for the increasing number of illegal entries into pharmacies and proposed a motion urging the Home Office to review the legislation. A similar resolution had been passed in October 1974 but in June this year the Home Office was still not convinced that the regulations had increased the numbers of thefts.

Mr A. King, MPS, Barnet, said the number of forced entries into pharmacies where the "self-advertising" Controlled Drugs cabinets were the prime target was, in the Metropolitan area, 63 in 1973, 162 in 1974 and this year there was already a 20 per cent increase. His own pharmacy had been entered twice in a week, since when he had had his premises linked to the "999" security alarm. But such was the expense that it was unreasonable to expect every pharmacist to take these precautions.

Mr King suggested the Home Office could lease out cabinets with an in-built alarm system which would go off when the cabinet was forced open—even if the whole cabinet was taken out of the pharmacy. The motion was carried.

Other resolutions passed:

☐ That the Department investigate the undesirability of repeat prescriptions being issued when the patient had not been seen by a qualified practitioner in the previous 12 months.

☐ That the Secretary of State be asked to amend the Drug Tariff to enable general practitioners to prescribe on forms FP10 disposable needles and syringes for diabetic patients who were dependent on someone else to administer their insulin.

☐ That the Department be urged to publish handbooks, in loose leaf form for easy revision, giving guidance to pharmacists on pharmaceutical regulations.

☐ That form FP10 (HP) should be redesigned so that the prescriber's name could be added in block capitals at the top of the prescribing area.

Two motions, on an "on call" service by pharmacists and on doctor dispensing, were withdrawn.





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## ANALGESICS

# The action of aspirin

by G. F. Blane, BSc, PhD, FIBiol\*

It used to be enough to know what a drug did because we did not know how it acted. Now with increasing knowledge it is becoming fashionable to know exactly how our medicines act. I use the word "fashionable" advisedly, because such additional knowledge will seldom be of much help to either patient or prescriber. Thus, we may not know how morphine works at the biomolecular level, but this is not a point which will exercise a doctor called to the accident victim trapped in his car by a crushed limb!

Bearing in mind the ubiquity of its use and the more or less universal awareness of and satisfaction with its activities, it is perhaps surprising that we know as much as we do about the mechanism of action of aspirin when, until recently, we knew so little. In this context, I think it must be fair to say that the discoveries made at the Royal College of Surgeons in London during the first years of this decade involved aspirin more as an investigative tool than as the prime object of the endeavour.

Nonetheless, it was there that Professor Vane and his colleagues conducted the series of elegant laboratory experiments which linked aspirin action to that of prostaglandins, a group of biologically active substances that occur in practically every tissue of the body. These substances are synthesised from the unsaturated fatty acid, arachidonic acid, a physiological precursor. They are thought to participate in the body's defences against infection and inflammation, in the onset of labour and in a host of regulatory mechanisms at the cellular level.

## Enzyme inhibition

The team at the RCS pharmacology department were able to show that aspirin and other non-steroidal anti-inflammatory drugs inhibit the enzymes (synthetases) responsible for the formation of various prostaglandins from arachidonic acid. They also showed that the degree of inhibition was proportional to the concentration of anti-inflammatory drug used and that the concentrations required *in vitro* were comparable to those found in the blood after normal therapeutic dosages in patients. These experiments laid the basis for the current theory of the mode of action of anti-inflammatory drugs, including the fenamates, indomethacin and phenylbutazone as well as aspirin. In essence the theory permits the same explanation of the three principal activities of aspirin—antipyretic, analgesic and anti-inflammatory—in terms of inhibition

of prostaglandin synthetases close to the site of action.

With regard to the antipyretic activity, it has been demonstrated in cats that injection of prostaglandin  $E_1$  into particular parts of the brain induces fever; in fact prostaglandin  $E_1$  is the most potent pyretic agent known. Feldberg and his colleagues at the Medical Research Council have also shown that a pyrogen releases prostaglandin into the cerebro-spinal fluid of animals. Thus it now seems probable that aspirin acts as an antipyretic by virtue of its ability to inhibit the release of formed prostaglandin in the brain.

## Analgesia

The action of aspirin in pain, however, has been more difficult to reconcile with this theory because prostaglandins do not produce much pain when injected unless applied in abnormally strong concentrations. On the other hand, headache does occur after intravenous infusion in man. In 1972, however, Ferreira from the RCS published his re-examination of the pain-producing effect of prostaglandin and his experiments suggest that the principal action is not to produce overt pain but to sensitise pain receptors. He infused prostaglandin  $E_1$  in physiological concentrations into the forearm of volunteers to find that a long lasting pain response developed only when either slight pressure was applied to the infusion area or when other substances known to be involved in inflammation such as histamine were injected as well. As a result of these experiments he suggested that there is continual release of minute amounts of prostaglandin in areas of inflammation which sensitise local pain receptors and the analgesic action of aspirin and aspirin-like drugs is once again explained by their inhibition of the synthesis of prostaglandin.

Experiments in animals conducted by Collier and co-workers around the same time provided confirmatory evidence. Thus, prostaglandins were shown to be powerful irritants when injected directly into the mouse peritoneal cavity causing characteristic abdominal constriction. This response was readily blocked by morphine (acting within the central nervous system) but was unaffected by aspirin which, though active against the production of prostaglandins, is thus seen to have no influence on the prostaglandin once liberated.

An anti-inflammatory effect is the remaining principal therapeutic action of aspirin. A wealth of literature now supports the view that prostaglandins are present in large amounts in inflamed tissues and, although they may not be the only chemical mediators involved, they play a very significant part in eliciting the familiar responses of erythema, oedema and pain. The local action of aspirin

working relatively slowly through inhibition of prostaglandin synthesis contrasts starkly with the more immediate but entirely unsatisfactory effect of narcotic analgesics which work in the brain to dull only the perception of discomfort.

How does paracetamol fit into this picture? It has no anti-inflammatory action but is antipyretic and relieves pain in certain situations, notably headache. Paracetamol is now known to inhibit prostaglandin synthetase from rabbit and dog brain while synthetases from peripheral tissues such as spleen are unaffected. Thus its antipyretic effect, which is expressed at the level of the brain, can be explained by inhibition of synthesis at this level, while its lack of anti-inflammatory action can be explained by its lack of effect on peripheral prostaglandin synthesis.

## Gastric effects

Because of the wide distribution of prostaglandins throughout body tissues and their apparent involvement in a host of physiological processes, the present theory on the mode of action of aspirin has far reaching implications with respect to its use and, almost certainly, its unwanted effects. For example, certain prostaglandins inhibit the release of gastric juice and they may, therefore, have a part to play in the modulation of gastric function. In the shorter term there is some evidence that aspirin can reduce acid secretion and also that prolonged use at therapeutic levels is not damaging to the mucosa. However, gastric irritation and ulceration, associated by some with heavy abuse of aspirin over a long period of time, may well be due to its interference with the natural production of prostaglandins leading to hypersecretion of gastric juice and eventual erosion of the mucosa.

There is some doubt about whether the apparently greater frequency of aspirin taking among stomach bleeders is casually related to gastric bleeding or is due to its use for the relief of associated symptoms. If the aspirin does cause major bleeds perhaps it would be by inhibition of "protective" prostaglandins in the stomachs of in some way sensitised individuals. Troublesome and common, though in no way dangerous, is the dyspeptic effect of aspirin which causes mild heartburn from time to time in at least one of every ten users.

Prostaglandins play a part in the maintenance of tone at the gastro-oesophageal junction so that their reduced availability after aspirin could conceivably lead to reflux and epigastric pain.

In a different perspective, the hypothesis

\*Hazleton Laboratories Europe Ltd. Dr Blane is a member of the technical sub-committee of the Aspirin Foundation.



## ANALGESICS

*Continued from p543*

that aspirin acts by blocking prostaglandin synthesis may extend the logical basis of its clinical use and also strengthen the suspicion that there are further circumstances in which use of aspirin might be ill-advised.

Examples of new uses could include the treatment for certain types of nausea and diarrhoea since these are common side effects of infusing prostaglandin  $E_2$  in women to induce labour. Attempts are now being made to examine this possibility in cancer patients receiving deep X-ray treatment of the abdominal area and in thyroid carcinoma for in both these cases this type of diarrhoea can be a problem. A related possibility concerns the intense water loss and diarrhoea associated with cholera which is similar to that produced by administration of large amounts of some of the prostaglandins. It has also been suggested that aspirin might be useful in the treatment of cholera and a number of experiments in animals have confirmed this suggestion although nothing positive is yet known from the clinical field.

Another example of a possible new use for aspirin comes from the finding that prostaglandins are released when eyes are mechanically damaged resulting in an increase in intra-ocular pressure. It has been found in animals that aspirin will inhibit this rise in pressure. It is therefore possible that prophylactic or therapeutic treatment may be helpful in a number of human clinical conditions associated with ocular disease or damage.

### Thrombosis

Finally, and perhaps most dramatically among possible new uses, we have the prevention of thrombotic accidents such as those resulting in coronary occlusion. Daily doses of aspirin as low as a single 300-mg tablet will reduce the adhesiveness of platelets. In addition such platelets are unable to produce prostaglandins in response to thrombin. This means that any tendency to clot formation in circulating blood must be reduced. Already major epidemiological studies being conducted by the Medical Research Council in this country and the National Heart Association in the US are yielding results which are at the very least suggestive of a benefit from use of "an aspirin-a-day" in the prophylaxis of ischaemic heart disease.

There is evidence which suggests that

aspirin may delay the onset of labour in pregnant women. That prostaglandins are the natural mediators of uterine contractions has led to their use for the induction of labour and to produce abortion. Inhibition of spontaneous prostaglandin by aspirin might be expected to delay the onset of parturition and this has been demonstrated in laboratory animals. A recent report on aspirin users among women attending an ante-natal clinic in Sydney, Australia, contains evidence of prolonged gestation and complicated delivery compared to non-aspirin taking controls, who however, differed in a few potentially important ways, from the aspirin takers. This needs confirmation, but the paper is convincing in the further finding that although offspring had a reduced birth-weight, the incidence of congenital anomalies was not raised. This, in spite of the very large aspirin doses often taken throughout pregnancy by this group of mothers.

It seems reasonable to conclude that the note of scepticism in the opening paragraph is unjustified so far as aspirin is concerned. An understanding of its intimate mechanism of action at the biochemical level has implications for practical benefit as well as adding to knowledge for its own sake.

## The analgesics market

Although the analgesics market has been more or less static in volume terms for a number of years, its value has held up well against inflation and there are indications that the independent chemist is doing rather better than the grocer.

Audits which measure retail sales do not take account of the massive Boots' share and for that reason it is not possible to talk in total market terms—a BMRB/Mintel survey in the spring of this year looked at consumers claiming to have taken analgesics, and this put Boots' paracetamol alone ahead of Anadin, the market leader, and many people had also taken Boots aspirin or codeine (C&D, May 17, p667).

The total market is estimated to be between £22 millions and £25m this year, with the cold treatment products accounting for about a quarter of the value. The independent chemist sells a little under half the number of units that go through grocery outlets, but in value terms his share—some £7m—was over 60 per cent in the year ended June.

The unbranded and non-advertised brands account for some 60 per cent of chemists' analgesics business, only 50 per cent coming from the top advertised brands.

About half of the unbranded sales are now thought to be of paracetamol, and manufacturers say there is increasing customer appreciation of the distinction between it and aspirin. The trend is less noticeable in the advertised sector, probably due to the heavy advertising support for the major aspirin brands. However, Hedex has been making rapid progress up the charts, which suggests that, here too, paracetamol's "message" is getting through.

Anadin is undisputed single brand

leader and its share can only be matched by the three Beecham Powders formulations together. Disprin follows, but Aspro is said to have lost ground, bringing it to the 5 per cent level of Phensic and Panadol (Mintel)—and now in line also with the improved position of Hedex. Pharmacists, of course, should not overlook the importance of restricted products such as Veganin. The latter has become increasingly reliant on OTC turnover and the makers say that 90 per cent now comes from consumer purchases.

But the future development of chemists' business in this market must depend upon the influence on sales and outlets of the safety packaging of children's aspirin and paracetamol, due at the start of 1976, and of all aspirin and paracetamol preparations a year later. The general sale list is also still awaited and, in the industry at least, it is expected that non-pharmacy outlets will at least retain the right to sell smaller packs. Since that is their forte under free distribution, it seems unlikely that pharmacies would experience much benefit from the change.

### Brand leaders' activity

Sterling Health claim that Hedex tablets continue to be the fastest-growing analgesic. Following three major bursts of national television advertising this year, volume sales of Hedex are 20 per cent higher than over the same period in 1974, whereas the total analgesic market has remained static. Although heavyweight advertising has played a large part in the Hedex growth, sales of the chemist-only 40's pack, introduced in 1974, are up by 50 per cent and, say the manufacturers, represent a large share of the increased total sales. A further national television

campaign is planned for the October/November period.

Phensic is to get advertising support of some £175,000 this winter, say Beecham. "The powerful way to stop pain" will be the theme of a consistent national newspaper campaign, boosted by intensive seasonal television campaigns on all stations which will take over £100,000.

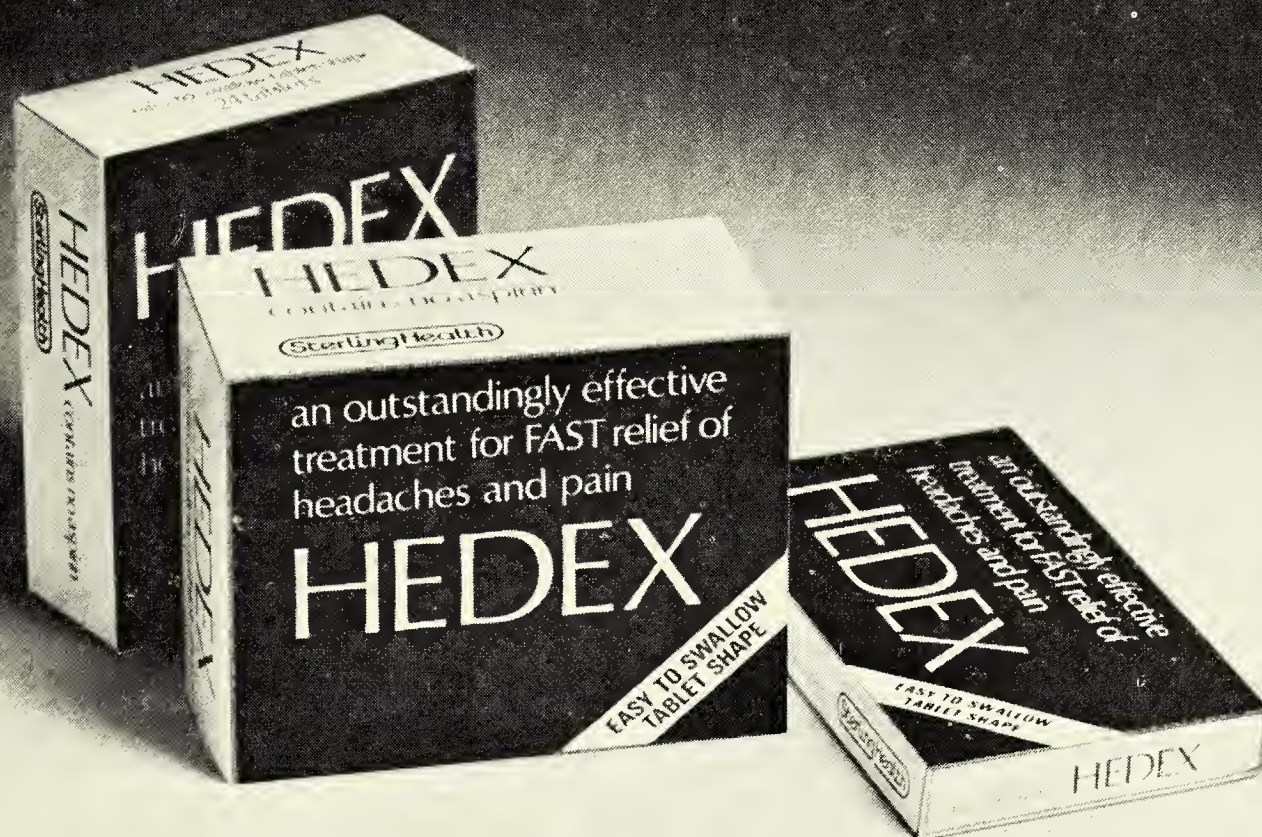
Beecham also expect a "special fillip" to sales of Fynnon Calcium Aspirin if a cold dank winter, following on summer sunshine, raises the incidence of rheumatic suffering. They are planning to link the two Fynnon brands in this winter's advertising with national newspapers being given a peak-of-season budget in excess of £50,000 to carry the Fynnon message of relief. Fynnon Calcium Aspirin will also be given "eye appeal" through a new unit-wrap pack.

For Disprin, 1975 has seen the launch of a major new campaign, with the heaviest-ever expenditure on the brand. A new 30-second television commercial went on air in May and June and featured the "Disprin spokesman" who with the aid of blackboard, explains the advantages of solubility to the consumer. The explanatory approach has been taken in women's Press advertising throughout the summer. Three new advertisements, carrying the solubility story, are alternating in leading women's magazines until the end of this month, when the "Disprin spokesman" reappears on screen. This burst will run through to December.

The advertising programme for Anadin features the new "glass head" 30-second television commercial. This campaign runs throughout the year, employing a burst pattern to ensure maximum impact. In addition Press support will be in evidence. On radio, 30-second commercials will feature on five stations throughout 1975-76—Capital Radio, London Broadcasting, Radio Clyde, Forth and Swansea Sound.



# 33% more painless profit.



33%...that's how much chemists sales of HEDEX soared in 1974 alone.

This year, they're growing even faster!

Make sure you get your share of the painless profit. Stock and display prominently...

HEDEX, consistently the chemists fastest growing brand of painkiller.

## **Sterling Health**

Family Medicines You Can Trust.



# Professional News

Pharmaceutical Society of Northern Ireland

## 'Training grant' request: Department replies

The Department of Health has replied to the Pharmaceutical Society of Northern Ireland's proposal that a subsidy of £1,000 a year should be paid to general practice pharmacists who accept a student for practical training.

The Department's letter of reply was read to the Society's Council meeting last month. In it the Department pointed out that it already contributed to the pre-registration training through the hospital service and that the number of places in that service had recently been extended. The matter of identifying training costs as part of chemist contractors' costs was being considered in Great Britain and the Department would be informed of developments. In the meantime, it could not undertake any additional responsibility such as the Council proposed.

Mr T. O'Rourke said he could not see how the matter was likely to be dealt with in Great Britain. The position in Northern Ireland was somewhat different in that every student in the Province had to undergo at least six months of the one year period of training in a general practice pharmacy. Students undergoing training in hospital departments invariably undertook such training during the first six months.

### Not enough places?

Next February about eight students would be seeking positions in general practice to complete the second half of their training, and he thought that not all would be able to obtain positions. The first year intake to the pharmacy degree course at Queen's University amounted, he had been informed, to over 50 students. If even 30 of these graduated he could not imagine where they were going to obtain practical training places in general practice.

Mr J. Kerr said he too was very concerned about the present entry to the degree course. It appeared to him that the only remedy was to raise the requirements for admission to the course. It was unfortunate that Professor D'Arcy was unable to attend the meeting. It was agreed to refer the matter to the Education Committee.

The secretary to the Northern Ireland Poisons Board wrote to inform the Council that a chairman of the Board had now been appointed and a meeting would be held early in October; a letter was also read from the Department of Health regarding proposals to amend the Board's constitution. The secretary, Mr W. Gorman, said that in the Board's original constitution the Council appointed three of the members. Under the amended constitution the Council would submit nominations and the Department of Health would then make the appointments.

Mr J. A. Brown asked if there was any special reason for the change; had the

present system not worked well? Mr Gorman said he was not aware of any reason other than to bring it into line with the practice adopted in appointing other boards. Mr Brown said he objected in principle to the change as the present system had been in operation for 20 years and appeared to be satisfactory. Rights were being whittled away and he saw no reason to restrict the Council in the manner proposed. It was agreed to inform the Department that the Council objected to the proposed change.

A further letter from the Department invited comments on the recommendations contained in the Report of the Committee of Inquiry into the Regulation of the Medical Profession (the Merrison Report, *C&D*, April 26, p542). It was agreed that the matter should be considered by a joint meeting of the Education and Law Committees.

### Financial statement

The treasurer's financial statement for the year ended July 31 was presented by Mr J. Chambers. Expenditure at £14,230 exceeded income by £264. However the sum of £500 had been paid to the Society by the directors of Northern Pharmacies Ltd in respect of expenses incurred by the Society in establishing the company. A further charge of £1,300 had been made on the company for the use of staff, accommodation, etc, and this amount would shortly be paid to the Society.

Mr Kerr submitted a report from the EEC Committee. After considering the present position in regard to the Draft Directives, the Committee recommended that the matter of controlling the geographical distribution of pharmacies in Northern Ireland be taken up with the Department of Health. The present thinking of the Commission would appear to put the UK at a disadvantage when the free movement of persons from one member country to another became effective, and the Committee was anxious that some measure of control of geographical distribution should be introduced throughout the UK.

Mr Kerr recalled that at the July meeting the Council had recommended an effort should be made to hold a joint UK EEC Group meeting. Mr Gorman had written to the secretary requesting such a meeting but had been informed that a convenient date could not be found and that the National Pharmaceutical Union representatives did not consider a meeting to be necessary now. Northern Ireland had no alternative but to go it alone. The report was adopted.

It was agreed that the value of the C. W. Young Scholarship for the present year be increased to £600 and that no T. Harper Foundation award be made.

The president, Mrs C. B. A. Watson, reported on the meeting of the British Pharmaceutical Conference at Norwich which she described as a most enjoyable week. Reports from the Finance and Education Committees were adopted. The latter included granting applications from three graduates for registration as students, making a total of 13 this year.

Applications from James Joseph Wilson, 6 Knockbreda Park, Ormeau Road, Belfast BT7 0HB, and Francis Gerald O'Connell, 126 Ballymoney Road, Ballymena, co Antrim, for restoration to the Register of Pharmaceutical Chemists were granted. An application from a student who had been unsuccessful in the examination held at the end of the third year of the pharmacy degree course for recognition of training about to be undertaken in a general practice pharmacy was refused.

It was reported that the following had been awarded prizes on the results of the June degree examinations:

Society's prizes: for distinction in level 3 (final year) studies, S. C. Griggs; in pharmaceutical chemistry (level 3), S. C. Griggs; in pharmacology (level 3), E. R. O'Hare.

Evans Medical prize for distinction in pharmaceutics (level 3), S. P. Gorman.

Associates Section prizes: for distinction in level 1 studies, K. F. Drain; in level 2 studies, Miss E. M. McMahon.

ICI prize for distinction in dispensing (level 2), Miss A. McCollum.

Boots Co Ltd prize for best project in final year (level 3), S. C. Griggs.

Parke Davis & Co prize for distinction in pharmaceutical legislation, Miss E. H. McKelvey.

### PSNI annual meeting

## Student numbers cause concern

The Council of the Pharmaceutical Society of Northern Ireland is concerned over the past two years' rise in numbers of students entering the pharmacy course.

Expressing the Council's concern at the Society's recent annual meeting, the president, Mrs C. B. A. Watson, said that in 1974 40 students had entered the course and this year the number was over 50. The Council felt some responsibility for these young people. Some months ago proprietor pharmacists were asked if they would be willing to accept students for practical training at varying salary scales. The replies received indicated that a very limited number of proprietors would accept students at any figure in excess of the scale agreed by the Ulster Chemists' Association. This scale fell short, by over £1,000, of the rate for students undergoing training in hospitals.

At present about ten graduates from Queen's University registered as students with the Society each year. This year four registered who held degrees from Great Britain institutions. In three years time upwards of 30 students would be registering and many of them would not find a pharmacist willing to accept them for practical training. The Department of Health would not at present make a train-



ing grant available to a pharmacist who accepted a student for training (see p546). The Council and the Department of Pharmacy would have to reach some compromise, Mrs Watson added.

Professor P. F. D'Arcy, head, Department of Pharmacy, Queen's University, said he was pleased the issue had been raised as it afforded him an opportunity to explain the present position. The University had set a standard for admission which would give an intake of about 25-30 students a year. In the last two years there had been a dramatic increase in the number of applications for places in the medical, veterinary and science faculties. The latter included pharmacy.

#### Standards raised

The Government wanted more doctors but the entrance requirements were of a very high standard. Pharmacy was therefore getting more applications and the desired intake was being exceeded; the problem was common to pharmacy schools throughout the UK. For admission to his department the standard of "A" level requirement had been raised to at least one subject at grade B and one at grade C. This however was not a complete solution; if they were not accepted by Queen's University students could go to other schools.

Professor D'Arcy added that there had to be some effective planning to decide what addition to the register was necessary each year and the entry regulated accordingly. About 15 applications for transfer from other departments to pharmacy had been turned down this year.

Mr J. A. Brown said that a very difficult problem had arisen, and the situation was not unlike that when he qualified; his employers had told him that if he qualified he could be unemployed.

Professor D'Arcy said that if students numbers continued increasing those who did achieve registration would not obtain employment. Younger people would then be advised to avoid pharmacy and the position would rectify itself. Alternatively the Government could introduce a method of rationalising the geographic location of pharmacies and then decide the number of students needed annually; grants could be limited in number.

Ten members and one associate had died during the year. Mrs Watson paid tribute particularly to Mr W. S. Hall, who, three days prior to his death, had learned of his election as a Fellow of the Society. She also thanked the Council members who had retired at the beginning of the year and who had not sought re-election, and said that the new members had acquitted themselves well. It was a matter of great regret that Mr J. A. Boyle had recently resigned from the Council; his forthright manner and integrity made him an invaluable member.

Certain repairs and some redecoration had been necessary in the Society's House and considerable sums had been involved. The every-day running expenses had increased and there was an excess of expenditure over income for the year.

Mrs Watson thanked Council members for receiving her, the Society's first lady president, so warmly and for supporting her so well throughout the year. Her father held the office of president exactly

thirty years ago. What gave her particular pleasure during her term of office was the good reputation the Society enjoyed amongst the other professions.

Presenting his financial report, Mr J. Chambers, treasurer, drew attention to certain increases in expenditure as compared with last year's accounts. Some of these were due to the fact that the auditors had been changed, and a slightly different method of accounting used. Costs were soaring—printing the Register had risen from £200 in 1973 to £310 this year. The Council would have to give some thought to increasing income and the obvious way was to increase the amount of the annual retention fee.

In reply to a question, Mr Chambers said the largest subscription paid by the Society was that of £454 to the International Pharmaceutical Federation; the Society had maintained its membership of the Federation for almost 30 years.

Mrs Watson declared Messrs G. M. Armstrong, J. A. Crawford, W. T. Hunter, G. E. McIlhagger and S. Moore and Mrs C. O. Rourke re-elected as pharmaceutical chemist representatives on the Council, and Mr R. S. Adair re-elected as the registered druggist representative.

□ The October meeting of the NI Pharmaceutical Contractors Committee decided to reduce the levy for the financing of the committee from 0.5p to 0.4p in the £1. The levy is deducted from contractors payments for the month of November each year.

## Books

#### Dispensing for Pharmaceutical Students 12th Edition

Edited by S. I. Carter. *Pitman Medical Publishing Co Ltd* (42 Camden Road, Tunbridge Wells, Kent). 7½ × 10in. Pp viii and 759. £12.

This latest edition of Cooper & Gunn's well-known text book is slightly larger than the previous edition, and its cover has been "livened up" by the use of lime green and red-brown colour bands. The chief difference from before is in Part 1, on general dispensing, which has been completely re-written to remove the imperial system from the text and increase the section's relevance to practice today. The method of dealing with prescriptions written in the imperial system is however outlined in an appendix.

Part 1 now includes chapters on containers, labelling and surgical dressings, and sections on therapeutic incompatibilities, biopharmaceutical aspects of dispensing, microbial contamination and the manufacture of nostrums. The information on formulation has been extended and now includes a chapter on colour and flavour. Part 2, on sterilisation practice, has been brought up to date with changes reflecting European Pharmacopoeia methods.

#### Books received

#### The Techniques of Analytical Chemistry—a Science Museum Survey

H. M. N. H. Irving. *HM Stationery Office* (Atlantic House, Holborn Viaduct, London EC1). 9½ × 7½ in. Pp 36. £1.00.

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## Statutory Committee PSGB

# Three names to be struck off

A retail and wholesale pharmacist, who sold over three million ephedrine tablets in a year to a "homeopath" who then resold them as slimming tablets, was ordered to be struck off the Pharmaceutical Society's register last week.

The Society's Statutory Committee chairman, Sir Gordon Willmer, told Mr Donald Munro, Glasgow, that the Committee's professional members viewed with horror a wholesale transaction in ephedrine without any attempt to ascertain if the purchaser was a "proper" person.

Sir Gordon said Mr Munro had bought over five million ephedrine tablets from two suppliers. He had returned two million to one supplier, but most of the rest were sold to a Mr A. Welsh Coutts. The latter's only qualification was that he posed as a homeopath.

Sir Gordon said a "subsidiary matter"—1,000 Parazolidin tablets supplied to Mr Coutt's son without a prescription—was of relative insignificance. Mr Munro had not made this sale personally but accepted responsibility for it.

Earlier Mrs Josselyn Hill, for the Society, said Mr Munro was fined a total of £20 after pleading guilty to two charges concerned with sales of ephedrine and Parazolidin.

Mr Munro, who has eight retail shops in Glasgow, said Mr Coutt's orders for ephedrine were at first not out of proportion with his orders for aspirin and paracetamol; but later, because supplies were difficult to obtain and it was cheaper, Mr Coutts ordered a million tablets at once.

## Pleaded guilty to theft

Another Glasgow pharmacist, who repaid money borrowed from his employer with pharmaceutical goods stolen from a local wholesaler, was ordered to be struck off. Mr John Hamilton Glass, Cumbernauld, was fined £40 at Glasgow in January. With three other men he had pleaded guilty to the theft of goods, worth £500 from the premises of Vestric Ltd.

Detective Constable Neil Murray, of Strathclyde Police, said Mr Glass lodged at the home of a Vestric employee. Police who searched the house found goods the employee had been stealing. At the time, Mr Glass worked as locum at a pharmacy in Delmarnock Road. The officer said Mr Glass borrowed money regularly from the till at the shop and put in IOUs. In repayment he gave his employer stolen goods, claiming they were cast-off goods obtained from a medical representative friend.

The Committee also ordered the striking off of a pharmacist who admitted that he was still suffering from alcoholism and was receiving medical treatment. Mr Gordon Bernard Brown, 38, Scribers Lane, Hall Green, was due to appear to answer

complaints of misconduct while he was employed in two Birmingham pharmacies. However, his solicitor, Mr H. Masters, told the Committee that Mr Brown had collapsed that morning.

He was receiving treatment from a Dr Gerald Farmer who had written to the Committee stating that Mr Brown had had a problem controlling his intake of alcohol since late 1973.

Mr Masters also produced a statement by Mr Brown in which he admitted being under the influence of alcohol on several occasions at one of the pharmacies. He wished now to practise in hospital rather than retail pharmacy. However, Sir Gordon said the letter from Mr Brown's doctor made it clear that in his view Mr Brown was far from cured.

## Problem of forged prescriptions

While administering a reprimand to the Bayswater Pharmacy Ltd, Westbourne Grove, London, W2, and its superintendent pharmacist, Mr Edward Ah-Ling. Sir Gordon spoke of the problem of forged prescriptions for drugs. He said it called for the co-operation of the pharmaceutical and medical professions to keep it in check.

The Committee inquiry followed the company's conviction in April when it was fined £300 and ordered to pay £50 costs on three charges of supplying Filon tablets on forged prescriptions. Sir Gordon said Mr Ah-Ling had probably now learned his lesson.

Adjourning the case against Mr Derek Henry Lambert, 28, for 18 months, Sir Gordon told him that in spite of his disgraceful conduct they would give him "a chance to go straight." Mr Lambert was fined £200 at Newbury in April this year when he pleaded guilty to stealing a large quantity of goods from G. K. Chemists (Swindon) Ltd, Northbrook Street, Newbury.

He also appeared before the Committee on an allegation of professional misconduct that he stole £14.40 from prescription charges. When convicted he asked for 48 other offences to be taken into consideration.

Mr Lambert's counsel, Mr E. Faulks, told the Committee it was his first job after qualifying. He was offered £4,000 a year and a flat over the shop rent and rates free. But when he took up his employment he found the flat was "little more than a pigsty." Efforts to get his employer to improve his accommodation were unsuccessful and he bought a house but became over-committed financially. There was a great deal of acrimony between him and his employer and he became frustrated. In committing the offences Mr Lambert was trying to get back at his employer. He had since resigned his position and was now working elsewhere.

The Committee reprimanded Mr George Chapman, the proprietor of Hillfoots Pharmacy, Stirling Street, Alva, Clackmannanshire, who was fined £20 in February for selling Metatone and Do-Do preparations without supervision. An unqualified assistant sold the medicines to a policewoman who had been instructed to make the purchases by a pharmacy inspector. Mr Chapman told the Committee the purchases were made while he

was away from the shop for about 40 minutes. The assistant had failed to observe his instructions.

A Salford pharmacist told the Committee that he had now made his shop "like a fortress" against burglars. A year ago, Mr Max Kerbs, Cubley Road, Broughton Park, had appeared before the Committee following conviction for not labelling containers and leaving the key to a Controlled Drugs cabinet in a drawer in the dispensary overnight. The Committee had adjourned their decision at that time. The Committee now administered a reprimand.

After hearing that a South London pharmacy supplied dexamphetamine on forged prescriptions, Sir Gordon adjourned the proceedings for 12 months to enable the company, Kembers Ltd, of Camberwell Green, Camberwell, and its superintendent pharmacist, Mr Santosh Chatterjee, to take steps to improve their arrangements for carrying on business, particularly in regard to links with a local drug clinic and its long hours (9 am to 10 pm on weekdays). In April, the company was convicted of eight offences under the Misuse of Drugs Act 1971, and was fined £80, with £50 costs.

# Coming events

## Monday, October 20

**Harrow Branch, Pharmaceutical Society,** Hillingdon Hospital, Mr W. M. Darling on "Pharmacy in the EEC".

**Plymouth Branch, Pharmaceutical Society,** Moorland Links Hotel, Roborough, at 7.45 pm. Mr D. J. Boyles (Sterling Winthrop) on "Reflections of an industrial pharmacist and his general practice colleagues."

**Mid-Glamorgan Branch, Pharmaceutical Society,** Criterion Hotel, Pontypridd, at 8 pm. Discussion.

## Tuesday, October 21

**Bromley Branch, Pharmaceutical Society,** Wellcome Research Laboratories, Langley Park, Beckenham. Social Evening.

**Leicester and Leicestershire Branch, Pharmaceutical Society,** Postgraduate medical centre, Royal Infirmary, at 8 pm. Mr R. Russell on "Crime is our business".

**Teesside Branch, Pharmaceutical Society,** Swallow Hotel, Stockton, at 7.45 pm. Dr Chrystal H. Ashton on "The effect of drugs on the foetus".

## Wednesday, October 22

**Cardiff and South Glamorgan Branch, Pharmaceutical Society,** UWIST, Cardiff, at 7.30 pm. Miss June Bolton on "Oral contraceptive agents" (ticket only).

**Dundee and Eastern Scottish Branch, Pharmaceutical Society,** Invercarse Hotel, at 8 pm. Annual dinner and dance.

**Edinburgh Branch, Pharmaceutical Society,** 36 York Place, Edinburgh, at 7.45 pm. Dr B. F. Clarke on "Diabetic self-regulation with insulin".

**Norfolk Branch, Pharmaceutical Society,** Trading Centre, Norfolk & Norwich Hospital, at 7.30 pm. Seminar on "Elastic Hosiery and the Drug Tariff" (Scholl (UK) Ltd).

**Crawley, Horsham and Reigate Branch, Pharmaceutical Society,** Ciba Laboratories, Horsham, at 7.30 pm. Professor G. A. D. Haslewood on "A biochemist on the Zaire River".

## Thursday, October 23

**Blackpool Branch, Pharmaceutical Society,** Claremont Hotel, Blackpool, at 7.45 pm. Mr T. P. Astill on "Some legal pitfalls in running a pharmacy".

**Shropshire Branch, Pharmaceutical Society,** Britannia Hotel, Shrewsbury, at 7.30 pm. Dinner: guest speaker Mr C. C. B. Stevens on "Professional responsibility and legislation".

**West Hertfordshire Branch,** Postgraduate centre, Queen Elizabeth II hospital, Welwyn Garden City, at 8 pm. General meeting.



# Letters

## A 'pharmaceutically unqualified' replies

I have read with interest your report of the South-east regional conference—and in particular your account of remarks made by Mr W. A. Beanland. My reading of these remarks seems to place me both from a personal as well as a corporate standpoint, in the position of a prime target for some of Mr Beanland's verbal shafts.

In my appointments as chairman of Kingswood (Chemists) Ltd, and also as a director of Booker McConnell's health and food-manufacturing division, I appear to fall into all the main objectionable categories—"pharmaceutically-unqualified, multiple company man, with national and international vested interests". I do hope that for all these apparent short-comings of mine, you will permit me a little space for comment.

### Commercial judgment

It would be both wrong and foolish of me to claim that Booker McConnell's entry into the world of pharmacy in the UK nearly six years ago, was based on other than sound, commercial judgment—backed up, however, by previously-acquired knowledge of the pharmacy business in both Africa and the Caribbean area. And it is true too, that the Kingswood chain has grown to its present number of 64 branches, mainly through our acquisition of small multiples and single independently-owned businesses. Even Mr Beanland, however, had to use the word "business" to describe both the operation of the general practice pharmacy and also the methods used! And is it *not* a matter of business?

How much more realistic was Mr D. J. Dalglish to respond that he himself could not be a member of the Society's Council without a successful business behind him! And Mr T. Hoskins too, when he said the profession should stop "bashing the multiples" who were here to stay! Does not "bashing the multiples" also "bash", (and unjustifiably) the hundreds of pharmacists who follow so conscientiously their professional calling with zeal and care for the public, in multiple employ? If multiple, postgraduate training produces a company-orientated man, is it not possible that it also produces a pharmacist-manager who, as Mr Dalglish describes the successful businessman, runs his professional side in a business-like manner and reaps commercial benefits? So, we are commercial entrepreneurs? Surely, no more than Mr Dalglish's successful businessman who is often also a successful pharmacist.

Human beings are of course fallible and the Society rightly maintains vigilance over the conduct and affairs of the profession. When we read of the occasional unfortunate lapses of pharmacists in the reports of the Society, let us consider the position

of the multiple public company as regards professional conduct. There can be no limiting even of a warning to an individual pharmacist—the Society and the law will also rightly call into account the superintendent pharmacist. The latter, as a director of the company, will be required to explain to and reassure his own board about the incident and action taken to prevent recurrence. And in an organisation such as Bookers, the parent board too will require similar reassurances. In this way, the multiple public company reinforces most determinedly the efforts of the profession to maintain its high standards of competence and conduct.

Let Mr Beanland also speak to my pharmacist colleagues in Kingswood to learn that no pressures are *ever* exercised, either within the company itself or from our parent company, that would in any way debase the dignity, independence or the standards of the pharmaceutical profession. Indeed, from the Booker viewpoint, we are proud that as a business organisation, we are associated through our pharmacist colleagues with a profession which maintains and strives constantly to improve such high standards in other parts of the world outside the UK.

Mr Beanland can rest assured, we know of no conspiracy to control the profession—or even control the business of the profession. We ourselves seek merely to develop a profitable company, offering a high level of service both to the consumer and to the NHS—and the opportunity to our staff, both qualified and unqualified, to develop their livelihood, talents and their personalities in an environment which satisfies employment interest, financial reward and personal dignity.

W. A. Simpson

Chairman, Kingswood (Chemists) Ltd  
Uxbridge, Middlesex

## Action not words

The message from Mr Beanland, a former Council member, so clearly pointed out by him at the South-east England regional conference last Sunday—that pharmacists are losing control of their own profession—is one of the cornerstones of the "Association of General Practice Pharmacists". The main difference between Mr Beanland and myself is that I am trying to do something about it.

I have formed my Association with the object of creating a powerful group of pharmacists who will not tolerate others interfering in our profession. Too often

## Counterbalance: a final appeal for members

I sincerely hope that contractors can see the national dilemma facing us over the principle at stake in Evesham, and the precedent created by having dispensing doctors in an area which by no means can be classified as rural in character.

In order to fight this issue along the lines we recommend, we must have the backing of a substantial number of contractors and Area Chemist Contractors Committees. Unless that backing is forthcoming within the immediate future, regrettably I must recommend to my committee and our members that the Association be wound up. The financial debts

the sale of drugs, and even the dispensing of drugs, is carried on, outside the direct control of a pharmacist.

Let us control our profession jealously. Join my Association and have some action, not just empty words and sentiment.

Davies "Geraint"

23 Wordsworth Drive  
Sutton, Surrey

## Drivers—or driven?

Mr Beanland has bravely highlighted the situation which I drew attention to in my letter recently, namely that most pharmacists are not self-employed, and therefore subject to pressures which greatly affect the way in which pharmacy is practised. He might have added that the rest of us who are self-employed are also subject to pressures, circumstantial and financial which have the same effects, causing us to run our affairs largely in a manner not dictated by the needs of the public and not necessarily in our own interests either.

Where I would differ from Mr Beanland is in the proposed solution. As pharmacists, not retailers, we must recognise that our employer is the National Health Service, and that our conditions of work, the service we provide, and the salary and pension which we negotiate, ought to be negotiated directly with the Department of Health.

We can only progress to the position of negotiation by standing together and removing from between us and the Ministry all the divided and self-interested bodies represented by hired men.

Mr Beanland's solutions sound good, but I think impractical. The opposition from the financiers, owners, vested interests, and manipulators of our profession is too great for any individual to make much impression on his own.

We pharmacists must forget our largely invented differences—self-employed versus employee, multiple employee versus private employee—and join together on the only practical path now open to us, joining the same union as the hospital pharmacists, ASTMS. Once we have our own organisation of an undivided nature we will be able to control our own profession and co-operate fully with the Department of Health, without fear.

Until we do this, we will remain cowed individuals driven by our overlords, financiers and circumstance, and none of us our own man, proud to serve our profession.

Keith Hampson  
Oxted, Surrey

that continue to mount up, without the extra expense of running such a campaign, can no longer be met by the existing committee, indeed those debts have now reached the level that was originally guaranteed.

A meeting of the committee of Counterbalance will take place at the end of the month when the results of this appeal will be known, and a final decision on Counterbalance and possibly the future of our profession, will be made.

J. Williams

Chairman, Counterbalance Ltd  
St Albans, Herts



# Company News

## Unichem speed up rebate payment

Unichem are to distribute rebate payments to its chemist shareholder members three times instead of twice a year. They say that a second interim payment in March will remove the long wait between the autumn interim payment and the final, which is paid in the summer following confirmation at the general meeting.

The new system, which comes into operation immediately, means that the first 1975 interim will be paid in the last week of October at 4 per cent based on the first six months' purchases. In March the second interim will be paid at 4 per cent based on the previous full year's purchases and the final will be paid in July based on the balance of the basic rebate, plus each member's individual entitlement to the supplementary rebate of 1.3 per cent.

Mr Michael Frith, chairman, says that "earlier payment of a significant proportion of the profit-share entitlement will have a beneficial effect on cash flow for many members. The fact that the Board feels able to commit Unichem to such an earlier profit distribution reflects the extent of our confidence that 1975 will be a very profitable year for the Society."

The board has already forecast a basic rebate of 5 per cent in addition to which members can earn a further 1.3 per cent dependent upon individual profitability factors. The rebate is payable in respect of each shareholder's purchases during 1975 of goods not subject to RPM.

## Glaxo sales up but profits are down

Glaxo Holdings Ltd total sales reached £317.81m compared with £258.64m in the year ending June 30. Profits before tax however were down £1.2m at £41.4m (£42.6m). Group sales excluding wholesaling, at £246m rose by £43m or 21 per cent over corresponding figure last year. UK group sales increased 18 per cent and in markets overseas by 22 per cent. Sales to Vestric were £12.25m (£10.87m) and sales by Vestric £83.95m (£66.89m). Directors recommend final dividend of 5.16p.

## United Glass forecasts lower profit

Although expecting some small improvement in demand, profit before taxation for the year will be appreciably lower than in 1974 announces chairman, United Glass, Mr J. R. Cater, in the company's interim report.

The group's results for the 28 weeks ended July 5 showed profit before taxation of £1,646,000 compared with £2,623,000 for the same period in 1974. Sales were £41,241,000 (£36,316,000) and profit after taxation £816,000 (£1,273,000). The chair-

man said the sales volume declined rapidly and the higher revenue reflected the "higher prices required to match escalating costs". The reduction in demand, particularly for containers and closures, considerably eroded profit margins.

To ensure long term supply of high quality sand for its Scottish factories, United Glass Ltd, is acquiring the shareholdings in Sand Developments Ltd of its consortium partners. The company works the Devilla deposit near to the largest Scottish factory of United Glass at Alloa. The acquisition coincides with the installation of a new sulphuric acid process. This up-to-date plant incorporates a rotating kiln to clean the sand in a hot acid bath, removing impurities that are not acceptable to the glass makers and generally producing a more consistent sand quality.

### Briefly

**Naarden International** are to acquire the fragrances division of UOP, Des Plaines, Illinois.

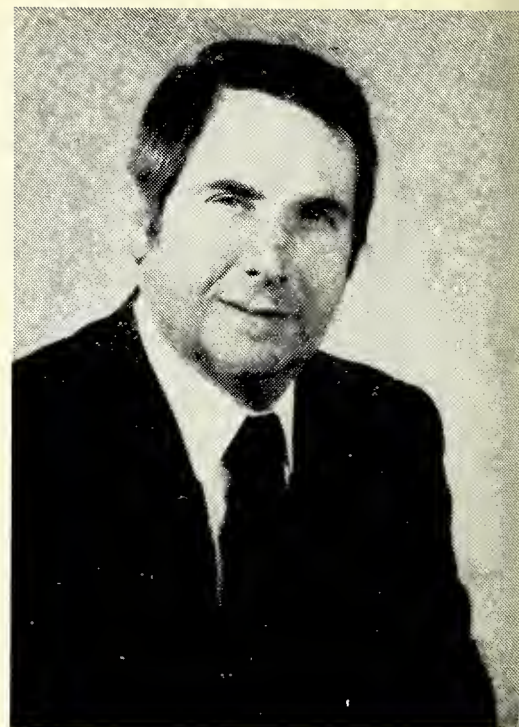
The telephone number of **Approved Prescription Services Ltd** has been changed to Cleckheaton (0274) 876776.

**Bespak Industries Ltd** have opened on the North Lynn Industrial Estate, Kings Lynn, a new £400,000 factory with some 25,000 sq ft of floor space to expand their aerosol container production operations.

**ICI Agricultural Division** plans to spend nearly £2m on extensions to its catalyst manufacturing plant at Clitheroe in Lancashire. Capacity for catalysts used in the manufacture of ammonia, methanol, hydrogen and town gas is to be increased substantially and a new unit will make specialist and development catalysts.

"**Hoechst** after a first half of dramatically declining turnover and profits disclosed that its figures for the third quarter of 1975 are likely to be even more depressing" states a *Financial Times* report from Frankfurt. It adds "the concern has restructured its investment programme in a manner which indicates it is expecting a prolonged recession".

**Kingswood (Chemists) Ltd** have acquired the three pharmacies of Mr A. Compagnone, MPS, in Hastings and St. Leonards, Sussex, and the two H. Barnett (Chemists) Ltd pharmacies of Mr H. A. How, MPS. The five new branches bring the total of Kingswood shops up to 64 and the company say negotiations for further acquisitions are already under way. Addresses of these new Kingswood shops are:—17 Sedlescombe Road North, and 4 Silchester Road, St. Leonards On Sea; Roebuck Pharmacy, 25 High Street, Hastings; 17 Ninfield Road and 60 Ninfield Road, Sidley, Bexhill On Sea.



Mr J. T. Mellmann (see below)

**Croda Synthetic Chemicals Ltd** officially opened their new fine chemicals division last week. The new division, which is to undertake the manufacture of high quality organic chemicals, is situated in a spacious modern building at the company's Four Ashes Work, near Wolverhampton and represents an investment of more than £1m.

## Appointments

**Carlson-Ford Ltd** have appointed Dr Robert D. Hill marketing director.

**Ronson Products Ltd** have appointed Mr G. A. Lowrie a deputy managing director. He succeeds Mr I. K. Brook, who takes up the new post of executive vice-president, international division of Ronson Corporation. Mr Brook remains a director of Ronson Products Ltd.

**Cyanamid of Great Britain Ltd** are appointing Mr David F. Tomlinson general manager of their Lederle Laboratories division from November 3. Mr Tomlinson is currently a divisional manager of Miles Laboratories Ltd, and was previously marketing manager for their ethical products division.

**Kodak Ltd:** Mr Roger A. Leeks, manager of the marketing division, has been appointed to the company's board of directors and becomes marketing director.

Mr Bill McCann, Kodak supervisor for the finisher technical sales representatives in the southern half of the UK is retiring on November 1 after 46 years with the company.

**Richard-Merrell Ltd:** Mr Juergen T. Mellmann has been appointed managing director and in this capacity he becomes area manager for all their operations in the UK and Ireland. Mr Mellmann joined the company in 1964 as marketing director for Germany, Austria and Switzerland, becoming deputy managing director for that area in 1973.





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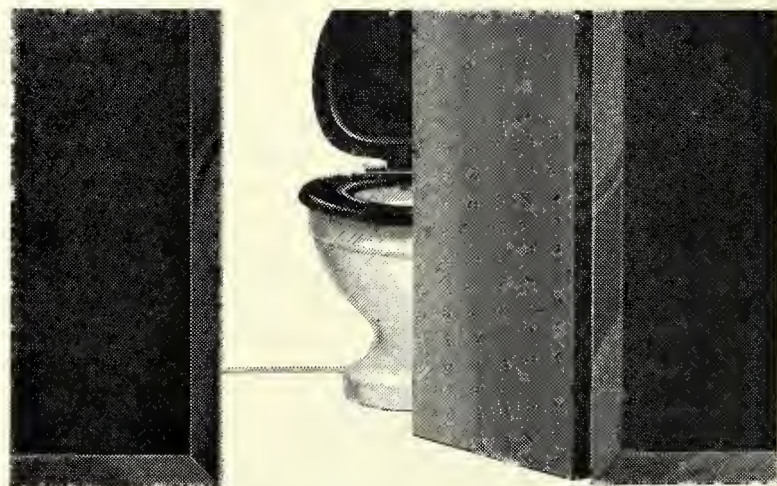
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# Market News

## Peppers move ahead

London, October 15: Peppers led the way in a week of firmer prices among spices, with both black and white advanced on the spot and for shipment. Cloves moved further ahead in the absence of supplies until the new year crop and with the sterling value of the French franc. Also dearer were Nigerian ginger, nutmeg, pimento, anise and coriander seeds. But chillies were easier, with some material available on the spot. Brazilian menthol was also marked lower.

Among essential oils, a continental seller offering spot brought the spot and shipment prices into line. Also easier were petitgrain for shipment, sassafras and Arvensis peppermint.

## Pharmaceutical chemicals

**Agar:** Spanish-Portuguese £4.95 kg spot.  
**Amylobarbitone:** Less than 100-kg lots £6.76 kg; sodium £7.87.  
**Aspirin:** 10-ton lots £0.97 kg; 1-ton £1.03.  
**Bromides:** Crystal £ per metric ton

	Under 50-kg	50-kg	1,000-kg
Ammonium	1,040	885	830
Potassium*	960	810	775
Sodium	940	796	761

\* Powder plus £40 kg.  
**Brucine:** Sulphate £45.00 kg.  
**Butabarbitalone:** 50-kg lots £8.79 kg; sodium £9.67.  
**Butobarbitalone:** Less than 100 kg £8.38.  
**Caffeine:** Anhydrous £3.30 kg in 100-kg lots; citrate £2.40 kg (50-kg lots).  
**Choline:** (500-kg lots) bitartrate £1.99 kg; dihydrogen citrate £1.50.  
**Cinchocaine:** Base (5-kg lots) £55.75 kg; hydrochloride £52.75.

**Clioquinol:** USP XII, 500-kg lots, £11.06 kg.  
**Cocaine:** Alkaloid £396 kg; hydrochloride £361. Subject to Misuse of Drugs Regulations.  
**Colchicine:** £0.90-£1.00 per g.  
**Cortisone:** Acetate £295-380 kg.  
**Cyclobarbitone:** Calcium £8.39 kg in 25-kg lots.  
**Dapsone:** £4.00-£6.00 per kg.  
**Dexamethasone:** From £3.50 to £3.80 per g.  
**Dextromethorphan:** £105 per kg in 5-kg lots.  
**Digoxin:** £2.85 per g.  
**Dimidium bromide:** 5-g lots £3.20 g.  
**Ephedrine:** Alkaloid £18.70 kg in 25-kg lots; hydrochloride £15.85; sulphate £17.40.  
**Fentichlor:** Technical grade £2.18 kg.  
**Homatropine:** Hydrobromide £56.00 kg; methyl bromide £58.00 kg.  
**Hydrocortisone:** Acetate and base £295-£385 kg.  
**Penicillin:** Potassium, sodium or procaine, sterile, £17.00-£19.00 per 1,000 Mu.  
**Pentobarbitone:** Less than 100-kg £10.93 kg; sodium £11.82.  
**Phenobarbitone:** In 50-kg lots £8.10 kg; sodium £8.86.  
**Quinalbarbitone:** Base and sodium, 25-kg lots £10.34 kg.  
**Quinine:** In 25-kg lots £125 per kg.  
**Quinine:** In 25-kg lots, per kg—alkaloid £89.55; bisulphate £75.30; dihydrochloride £88.50; hydrochloride £85.55; sulphate £84.55.  
**Salicylic acid:** BP, 5-ton lots £0.89 kg; 1-ton £0.92.  
**Strychnine:** Alkaloid £65.00 kg; sulphate £45.00.  
**Testosterone:** £200-£300 kg; propionate £230-£330.  
**Tetracycline hydrochloride:** £12-£13 per kg.  
**Theophylline:** Hydrate and anhydrous £3.41 kg in 100-kg lots. Theophylline ethylenediamine £3.36 kg under 50-kg lots.

## Crude drugs

**Aloes:** Cape £1.00 kg spot; £0.99½, cif. Curacao £1.35 nominal spot.  
**Balsams:** (kg) **Canada:** £15.30 spot; £14.70, cif for shipment. **Copaiba:** BPC £1.70 spot; £1.60 cif. **Peru:** £4.75 spot; £4.45, cif. **Tolu:** £3.40 spot.  
**Belladonna:** (metric ton) Herb £460 spot. Leaves £800, cif. Root £750 spot nominal.  
**Benzoin:** BP £62.00-£66.00 cwt; £56.00-£61.00, cif.  
**Buchu:** Rounds £2.50 kg spot; £2.35, cif.  
**Camphor:** Natural powder, £5.50 kg spot; £3.90, cif; synthetic £0.78, cif for 98 per cent.  
**Cardamoms:** (per lb cif), Alleppy green No 1 £2.00; prime seeds £1.65.  
**Cascara:** £930 metric ton spot; £700, cif.  
**Cherry bark:** Spot £950 metric ton; £720, cif.  
**Chillies:** Uganda £770 ton spot; £750, cif.  
**Cinnamon:** (cif) Seychelles bark £345, cif; Ceylon quills 4 O's £0.48½ lb.  
**Cloves:** Madagascar £2.675 per ton, cif.  
**Cochineal:** Peruvian silver-grey £12.75 to £13.30 kg spot.  
**Colocynth pulp:** Nominal.  
**Dandelion:** £900 metric ton spot.  
**Ergot:** Portuguese-Spanish £1.50 kg spot; £1.40 cif. East European £1.60 spot.  
**Gentian:** Root £1.38 kg, spot; £1.30 kg, cif.  
**Ginger:** (ton, cif) Cochin £590, Jamaican No 3 £700; Nigerian split £500, peeled £585.

**Gums:** **Acacia,** Kordofan cleaned sorts \$1,280, tob, metric ton. **Karaya** No 2 faq £470 metric ton, cif. **Tragacanth** No 1 £545 spot per 50 kg.  
**Henbane:** Niger £1,000 metric ton spot; £980, cif.  
**Hydrastis:** £8.25 spot; £7.90, cif.  
**Ipecacuanha:** (kg) Costa Rica £3.70 spot; £3.55 cif. Matto Gross spot nominal £5.30; £5.15, cif. Colombian £5.30; £5.15, cif.  
**Jalap:** Mexican basis 15 per cent no spot; £1.35 kg, cif; whole tubers £1.48, cif 9-11%.  
**Kola nuts:** £195 metric ton spot nominal; £185, cif.  
**Lanolin:** 1,000-kg lots BP grades from £955; cosmetic £1,025; technical £910.  
**Lemon peel:** £730 metric ton spot; £700, cif.  
**Liquorice root:** Chinese £190 metric ton, cif. Russian £230 spot; £200, cif. Block juice £1,130. spray-dried £1,050.  
**Lobelia:** European herb £900 metric ton new crop. November delivery. American £950, cif.  
**Lycopodium:** Russian £4.10 kg; £3.80, cif.  
**Mace:** Grenada No 1 £2,240 ton, tob.  
**Menthol:** Brazilian spot £10.20 kg, prompt shipment and afloat, £9.80, cif. 1976 shipment £9.20, cif. Chinese £11.50 spot; £9.65, cif.  
**Nutmeg:** (ton, cif) East Indian 80's £1,340; bwp £960. West Indian 80's £1,410, unassorted £1,150; defective £935.  
**Nux Vomica:** £210 metric ton spot.  
**Pepper:** (ton) Sarawak black £780 spot; £735, cif; white £1,000 nominal; £940, cif.  
**Pimento:** Mexican £2,300 US dollars ton, cif.  
**Podophyllum:** Root £420 metric ton, cif.  
**Quillaia:** £1,220 metric ton spot; £1,150, cif.  
**Rhubarb:** Chinese rounds 60% pinky £1.40 kg.  
**Saffron:** nominal.  
**Sarsaparilla:** £1.25 kg spot.  
**Seeds:** (metric ton, cif) **Anise:** China star forward £425. **Ceraway:** Dutch £365. **Celery:** Indian £325. **Coriander:** Moroccan £185. **Cumin:** Indian £525. **Dill:** Indian £175. **Fennel:** Indian new crop £525. **Fenugreek:** £127.  
**Senega:** Canadian £12.90 kg spot; £13.30, cif.  
**Senna:** (kg) Alexandria pods, hp, £1.86; manufacturing, £1.43. Tinnevely leaves faq No 3, £0.26; faq pods £0.26; hp, £0.42.  
**Squill:** Italian spot nominal, £830 metric ton, cif, new crop. Indian £170, cif.  
**Styrax:** £2.75 kg spot; shipment £2.70, cif.  
**Tonquin beans:** £1.00 kg spot; £0.92, cif.  
**Turmeric:** Madras finger £215 ton, cif.  
**Valerian:** Indian root £680 metric ton, spot; £650, cif.

## Essential and expressed oils

**Anise:** £13.60 kg spot and shipment.  
**Clove:** Madagascar leaf £2.00 kg spot; £1.95, cif. English distilled bud £23.00.  
**Peppermint:** (kg) Arvensis Brazilian £3.75 spot; £3.60, cif. Chinese £3.90 spot; £3.55, cif. American piperata £15.00-£15.50.  
**Petitgrain:** Spot £4.70; £4.20, cif.  
**Sassafras:** Chinese £1.65 kg spot; £1.60, cif. Brazilian £1.60; £1.50, cif.  
 The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

# Classified Advertisements

Post to Classified Advertisements, Chemist & Druggist, 25 New Street Square, London EC4A 3JA.  
 Telephone 01-353 3212.

Publication date Every Saturday.

Headings All advertisements appear under appropriate headings.

Screen 100.

Display/Semi Display £4.00 per single column centimetre, min 25mm. Column width 42mm.

Whole page £300 (254mm × 178mm).

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Quarter Page £100 (125mm × 86mm).

Lineage £0.80 per line, minimum 5 lines @ £4.00.

Box Numbers £0.35 extra.

Series Discounts 5% on 3 insertions or over. 10% on 7 insertions or over. 15% on 13 insertions or over.

Copy date 4 pm Tuesday prior to publication date. Advertisements should be prepaid.

Circulation ABC July/December 1974, 15,353.

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LEADING MANUFACTURER of interior shopfittings offers special low prices to retailers prepared to act as showshops. The shops concerned must be within 50 miles of London or Birmingham. Interest free or low deposit HP available in suitable cases and commission payable on orders resulting from visits to your shop. Full details from SPAN SHOP-FITTING COMPANY, 32 Church Road, London SE19 2ET. Tel. 01-653 5859.

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Please mention C & D when replying to advertisements



# Classified Advertisements

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required for

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Applications are invited for the position of Assistant Manager by a Waltham Forest Medical Warehouse. Experience in distribution and/or pharmaceuticals would be a valuable asset.

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This position has good managerial prospects.

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BUSY DRUG STORE wanted. Greater London area. Must be first class position. Immediate cash available for quick purchase. Please reply to Box No. 2369.

## Agents

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## Trademarks

The Trade Marks set out below were, on 18 March 1975, assigned by Thelma Holland (Trading as Thelma Besant) of 5c The Boltons, London SW1, to, Pida Sandra Ann Ripley of 75 Whitelands House, Cheltenham Terrace, Chelsea, London SW3, WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH THEY WERE THEN IN USE.

Registered No.	Trade Mark	Goods
704341	ARIES, the RAM	Perfumes, cosmetics, non-medicated toilet preparations, hair lotion and toilet soap.
704342	CANCER, the CRAB	Perfumes, cosmetics, non-medicated toilet preparations, hair lotion and toilet soap.
704343	CAPRICORNUS, the GOAT	Perfumes, cosmetics, non-medicated toilet preparations, hair lotion and toilet soap.
704345	LEO	Perfumes.
704346	LIBRA, the BALANCE	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.
704347	PISCES, the FISHES	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.
704348	SAGITTARIUS, the ARCHER	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.
704349	SCORPIO, the SCORPION	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.
704350	TAURUS	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.
704351	VIRGO, the VIRGIN	Perfumes, cosmetics, non-medicated toilet preparations, hair lotions and toilet soap.

Trade Mark No. 514132 consisting of the word DENTYRBLEACH and registered in respect of "A toilet preparation for cleansing artificial teeth" was assigned on the 27 January 1975 by Oakes & Company Limited of 11 Goodwins Court, St Martins Lane, London WC2 to Ernest Albert Faulkner of 89 Clarence Street, Kingston-upon-Thames, Surrey, Frederick Allen Capstick of 26 Manor Road South, Hinchley Wood, Surrey and Edwyn Douglas Parsons of 95 Claygate Lane, Hinchley Wood, Surrey, trading together as Elmbridge Pharmaceuticals of 95 Claygate Lane, Hinchley Wood, Surrey: WITHOUT THE GOODWILL OF THE BUSINESS IN WHICH IT WAS THEN IN USE.

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Christopher Rowland & Co., 1 Rowland Place, Green Lane, Northwood, Middx. Tel: Northwood 24225 or Lamb & Edge, Grainger House, 36 Blackett St., Newcastle-Upon-Tyne, NE1 7UR. Tel: 0632 612361.

## Wanted

WE WILL PURCHASE for cash a complete stock of a redundant line, including finished or partly finished goods packaging, raw materials, etc. No quantity too large. Our representative will call anywhere. Write or telephone Lawrence Edwards & Co. Ltd., 6/7 Wellington Close, Ladbury Road, London W11. Tel: Park 3137-8

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